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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1930.

COMMISSIONER.

GEORGE M. KLINE, M. D. Beverly

ASSOCIATE COMMISSIONERS.

JOHN B. TIVNAN Salem
HENRY M. POLLOCK, M. D. Boston
CHARLES G. DEWEY, M. D. Boston
ELMER A. STEVENS Somerville

ASSISTANT COMMISSIONER.

WINFRED OVERHOLSER, M. D. Wellesle Hills

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and The Honorable Council:

The undersigned, Commissioner of the Massachusetts Department of Mental Diseases, respectfully submits the eleventh annual report for the Department for the year ending November 30, 1930. The matters relating to general statistics, however, cover the year ending September 30.

GEORGE M. KLINE,
Commissioner.

JOHN B. TIVNAN,
HENRY M. POLLOCK,

Associate Commissioners.

CHARLES G. DEWEY
ELMER A. STEVENS,

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

Duties of the Department.

The Department has general supervision of all public and private institutions for the mentally ill, feeble-minded, epileptic and for persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution, however, is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the inter-relations of institutions and matters which are common to them all, such as the distributions and transfers of patients between them, deportation of patients to other states and countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

Changes in Personnel.

THEODORE A. HOCH, M. D.

Dr. Theodore A. Hoch, former Assistant Commissioner of the Department, was appointed Superintendent of the Northampton State Hospital February 1, 1930 to succeed Dr. John A. Houston, retired. Dr. Hoch graduated from the Medical Department of the University of Michigan in 1900, and has been continuously, during his professional career, connected with institutions caring for mental diseases. From 1900 to 1912, he was on the Medical Staff of the Worcester State Hospital, the last six years of this period as Assistant Superintendent. From 1912 to November, 1925, he was on the Medical Staff of the McLean Hospital as First Assistant. On January 1, 1926 Dr. Hoch was appointed Assistant Commissioner of the Department, — to succeed Dr. Lowell F. Wentworth, deceased, — which position he held until his transfer to the Superintendency of the Northampton State Hospital.

WINFRED OVERHOLSER, M. D.

Dr. Winfred Overholser was appointed Assistant Commissioner of this Department on April 7, 1930, to succeed Dr. Theodore A. Hoch, who was appointed Superintendent of the Northampton State Hospital. Dr. Overholser was born in Worcester, April 21, 1892. He was educated at the Wellesley public schools, received the degree of A. B. Cum Laude from Harvard College in 1912, and degree of M. D. from Boston University in 1916. After graduation was resident physician at the Evans Memorial Hospital for one year; then was appointed assistant physician at the Westborough State Hospital. He served in this country and France as Lieutenant in the Neuro-Psychiatric Section of the U. S. Army Medical Corps from February, 1918, to June, 1919, and returned to the Westborough State Hospital after army service, remaining until September 1, 1920, when he was appointed assistant superintendent of the Gardner State Colony. On October 1, 1921, he was appointed assistant superintendent of the Medfield State Hospital, which position he occupied until October, 1924, when he was transferred to the position of assistant to the commissioner in the Department of Mental Diseases. On July 1, 1925, he was made Director of the Division for the Examination of Prisoners under this Department, which position he occupied until his promotion to that of Assistant Commissioner.

EARL K. HOLT, M. D.

Dr. Earl K. Holt was transferred from the position of assistant to the commissioner to the position of Director of the Division for the Examination of Prisoners, on July, 15, 1930, to succeed Dr. Winfred Overholser who was appointed Assistant Commissioner of the Department. Dr. Holt was born in Columbus, Indiana in 1889. He attended grammar school and Shortridge High School at Indianapolis and was graduated from the College of Medicine of Indiana University in June, 1914. From 1915-1918, he was Assistant Physician at the Northern Indiana Hospital for the Insane, Logansport, resigning to accept a commission in the U. S. Army Medical Corps, Neuro-Psychiatric Department. He was assigned to duty at Michigan University, Ann Arbor, Michigan, for post-graduate instruction in psychiatry. Subsequently he served in the U. S. Army General Hospital, No. 13, No. 5, and Walter Reed Hospital. From September to March, 1919, he was Chief Occupational Officer in charge of reconstruction department. He was commissioned to the U. S. Public Health Reserve Corps in December, 1919, and was assigned to active duty with the Bureau of War Risk Insurance, which commission he resigned after the creation of the U. S. Veterans' Bureau. He received an appointment as Chief of the Neuro-Psychiatric Department, U. S. Veterans' Bureau. Dr. Holt was Chairman of the Permanent Rating Committee of the U. S. Veterans' Bureau, which committee was in charge of the preparation of rates and promulgation of rating tables of schedule of disability rates. In 1923 he was made Psychiatrist of the Central Board of Appeals, Veterans' Bureau, Washington. From April, 1924 to November 30, 1928, he served as Assistant Superintendent of the Monson State Hospital, from which position he was appointed as Assistant to the Commissioner of the Department on December 1, 1928.

DEATH OF DR. GEORGE LONEY WALLACE

Dr. George Loney Wallace, Superintendent of the Wrentham State School died on July 3, 1930, after a brief illness.

Dr. Wallace was born in West Gore, Nova Scotia in 1872. After graduating from Baltimore Medical College in 1898 he was appointed to the staff of the Walter E. Fernald State School where he served under the late Dr. Walter E. Fernald. With the opening of the Wrentham State School on March 1, 1907, he was appointed its Superintendent, which position he held until his death. Dr. Wallace was one of the outstanding men in the field of feeble-mindedness in the country.

The following resolutions were adopted by the Department:

"Whereas, death has taken Dr. George L. Wallace, beloved Superintendent of the Wrentham State School, and

"Whereas Dr. Wallace, former assistant superintendent of the Massachusetts School for the Feeble-Minded was in 1907 appointed Superintendent of the Wren-

tham State School — the erection and development of which under his supervision have made it preeminent among institutions of its kind — and the subject of visits by many persons from other states and countries, and

"Whereas, Dr. Wallace was also called upon several times to assist in the problems of other states, be it

"Resolved, that the Commissioners of the Department of Mental Diseases have long recognized in Dr. Wallace the ideal Superintendent and friend. Through his progressiveness, his real humanness, his true modesty, and kindly understanding, he has left the abiding impress of his character on the school and on his work. Be it further

"Resolved, that the Department acknowledges his great service to the Commonwealth, and that these resolutions be spread upon the records and a copy thereof sent to the family of Dr. Wallace."

Activities of the Department.

THE METROPOLITAN STATE HOSPITAL

His Excellency, Frank G. Allen, Governor, on October 29, 1930, issued a proclamation opening the Metropolitan State Hospital in Waltham. More than 300 persons were present to attend the exercises in the large auditorium of the main building.

After calling the gathering to order, and presenting the Rev. Alfred J. MacDonald who delivered the invocation, the Commissioner, Dr. George M. Kline, spoke as follows:

"Governor Allen, former Governor Fuller, Lieutenant Governor Youngman, members of the Council, members of the Legislature, ladies and gentlemen: It is a pleasure, as well as an honor, to express to you on behalf of the Commissioners of the Department our cordial welcome and our appreciation of your presence here at the official opening of the Metropolitan State Hospital.

The official opening of any State building marks a stage of progress in the co-operative effort of Governors, Legislators, the people, and departmental executives. It is, therefore, not only proper that there are here today representatives of each of these groups, but it is also most encouraging as an earnest indication that an interest in worth while accomplishments is not abating in this Commonwealth.

A need for a hospital to serve the Metropolitan District with its forty cities and towns has long been realized. Its opening is the fulfillment of a long cherished hope.

It was in 1927 that the building program was begun. His Excellency, Governor Fuller, laid the corner stone in October, 1928. To-day, fourteen buildings are completed, two are under construction, and plans for a hospital treatment building are nearing completion.

The purpose of this hospital is to provide humane care and treatment for the mentally ill — and to be a center for service to the community. Through its out-patient department incipient cases will receive attention. Advice will be given on prevention of mental disease, on mental hygiene, and after care of those discharged. The work of the hospital, laboratory, and the knowledge gathered will be put into practical application to aid in prevention. It is hoped that through these studies and findings greater progress can be made in the field of prevention.

The plan of the Commissioners has been to provide a most modern and efficient hospital, with due regard to wise economy in arrangement and construction.

It is our belief today that nowhere in the country is there a hospital for mental disease superior in any respect to the Metropolitan State Hospital. No claim of this nature should be made without giving a measure of praise to the architect, Mr. Gordon Robb, to the Department engineer, Mr. Walter E. Boyd, and also to the builders, C. S. Cunningham & Sons, and Matthew Cummings Company, who have worked into stone the plans and hopes of the department.

Specifically it has been our idea to arrange the buildings according to the needs of the various hospital activities, at the same time keeping in mind the operation of the hospital as a whole; for instance, the Administration group consists of the Administration Building and Employees' Homes. This group is connected by a tunnel to the Assembly Buildings.

Large mental hospitals have followed one of two plans, the block type — often referred to as the Kirkbride hospital, — and the cottage type. There are certain advantages inherent in each type. In this hospital an effort has been made to incorporate the best of each type. Accordingly, there are individual buildings with connecting corridors of ample size to serve as day spaces for patients, affording the maximum of light and ventilation.

These connecting corridors are so arranged that patients can be routed in a continuous stream to the dining room and returned to the wards without any crossing of traffic. Likewise ambulatory patients can be brought to the dining room by means of service tunnels, and returned without conflict. Similar arrangements obtain in bringing patients to the Assembly Hall and returning them to the wards.

Of interest in this service building: Everything relating to food, — its storage, conservation, refrigeration, preparation, kitchen and dining rooms for patients and personnel for the entire hospital is housed in this central building. There have been departures from traditional hospital construction in the interest of the patients' welfare first, and secondly ease of administration, — such as a new type of window which avoids the use of barred windows, and the use of sound deadening treatment of ceilings, etc.

Telephone and call bell systems connect all parts of the institution.

Electrically operated clocks with automatic re-setting controls are installed so that every clock throughout the institution will register the same time as the clock in the Superintendent's office.

A central radio system permits transmission of radio programs throughout the institution, and a microphone permits broadcasting of talks from some central point.

These are some of the physical features of our new hospital.

As we consider the extent of our endeavor to provide today scientific care for the mentally ill, it is a contrast to look back almost a hundred years to a proclamation issued in 1833 by Levi Lincoln, then Governor of the Commonwealth, opening the Worcester State Hospital. In addition to announcing the opening of the hospital and providing for the removal of *lunatics* from the jails and houses of correction, the proclamation further states that, prior to their removal, the person of each and every *lunatic* shall be made clean, his or her hair cut short, and that he or she be clothed with fresh linen or cotton (having a change thereof) and a new suit of strong, woolen, or satinent cloth of a mixed dark gray color, with woolen stockings or socks, and one pair of new shoes, together with an outside garment of some plain and substantial woolen cloth, and a hat, cap or other covering for the head, suited to the sex of the person.

Time, perhaps wisely, does not permit a review of the progress in the treatment of the mentally ill that has been made since that day. It may be generally stated, however, that every phase and condition of mental illness is being studied and treated today.

In closing I wish to point out that while the Department has pardonable pride in the opening of this great hospital, and in the realization that its hopes and plans have become material entities, nevertheless, from this establishment we read the challenge to carry on with sincere effort and devotion the work of the Department for the care of the mentally ill."

In introducing His Excellency, Governor Allen, Dr. Kline said:

"If one were asked what it is that has made Massachusetts a great State, he could answer with truth that at least one of the reasons was its distinguished list of Governors.

When the accomplishments of Massachusetts are considered, it must always be remembered that without the vision, understanding, and support of the Governors of the time, many of these accomplishments could never have been achieved, and probably none of them would have reached their present state of excellence.

I have first hand evidence of the truth of this fact, for it was His Excellency, Governor Fuller, who showed just these qualities and rendered the assistance which enabled the building program to be started. And it was His Excellency, the present Governor, who continued the assistance in the same manner, thereby making it

possible to officially open today the Metropolitan State Hospital.

Now I take all the pleasure and pride permitted a Department head when I present to you the Chief Executive of the Commonwealth, His Excellency, Frank G. Allen."

Governor Allen paid tribute to ex-Governor Alvan T. Fuller, who was present at the exercises, as being the man primarily responsible for the new institutions, and continued:

"Insofar as Dr. Kline's laudatory remarks about Massachusetts Governors refers to my predecessors in office, I concur most heartily with him. As for the present incumbent, I can merely say that he has always done his utmost to uphold the high standards set by his predecessors.

Today as I viewed these new buildings of this Metropolitan State Hospital, and later as I listened to the remarks of Dr. Kline — I did feel as if my predecessors in office might perhaps think that I had carried on.

The office of Governor of this Commonwealth carries with it many moments that play strongly upon the emotions. In the course of the legislative program, all measures for the public welfare eventually come to the Governor's office. Much of the program can be considered calmly — dispassionately.

But those measures which concern the afflicted carry with them the story of so much that is patient and sweet — so much that is hopeful and encouraging — and so much that can be aided and relieved — as to imbue a Governor with the strongest desires to do his utmost in their behalf.

Therefore, when Dr. Kline presented his programs for my approval and assistance — it was not only my pleasure to give both — but it was my sincere hope and belief that the accomplishment of the programs would bring manifold benefits to the people of the Commonwealth.

Massachusetts in 1833 embarked upon its course for the care of the mentally ill by appropriating \$30,000 to provide hospital accommodations in the City of Worcester.

Down the long years from that time until the present day the record of the effort and accomplishment of Massachusetts in the care of the mentally ill is such as to give pride and pleasure to us all.

From this modest start we have gone forward until today the valuation of the institutions under the Department of Mental Diseases amounts to more than \$27,000,000.

In the year 1929 more than eight and one-half million dollars was authorized for maintenance, and more than two and one-quarter million dollars for new construction and improvements — a total of over \$10,750,000.

For these present buildings, which we have today assembled here to open officially, there has been provided \$4,865,000.

About one-sixth of the annual State budget is expended in the care and treatment of the mentally ill and allied classes. Large as these expenditures undoubtedly are, they are nevertheless in harmony with similar proportions of expenditure in other of the leading States of the country.

We have also progressed in another direction, and that is in the character and architectural style of our hospital buildings. In former days the trend was toward impressive outward appearance — today there is a notable decrease in outward impressiveness and marked increase in the greater fitness of the architectural design and plan to the end in view.

Prior to 1904 the State had supervision of the care of the mentally ill, but the cities and towns paid for the largest part of their support. The State paid about thirty per cent of this cost, and in addition, erected the hospital buildings. Since the adoption of State Care at that time, Massachusetts has assumed the entire cost and supervision of this group.

The care of the mentally ill is one of the major problems with which we must cope today. The yearly increase clearly points out that no pause can occur in this work.

It is the hope of Massachusetts that discovery through scientific research as to the causes and effective treatment of mental disease — and the spreading of this knowledge among the medical profession and the general public will lead to greater

permanent results.

Much has already been accomplished in psychiatry, particularly in Massachusetts, in some of the baffling aspects of mental disease and defect.

With the particular activities of the present Department of Mental Diseases in researches—in the laboratory—in mental hygiene—and through its out-patient departments, further progress is being sought consistently.

It is perhaps a sad commentary on most endeavor that while we see about us on every hand the results of the work of men, we do not always know of the particular ones whose whole-hearted efforts and single-minded devotion to a cause or adherence to some principle made the work possible.

In a review of the work that made possible the formal opening of this Metropolitan State Hospital, certain men should be given honest praise and approbation.

Specifically these are Dr. George F. Jelly, Chairman of the first State Board of Insanity, Dr. Owen Copp, Executive Officer and Secretary of the Board, and Dr. Herbert B. Howard, the second Chairman of the Board. These men recommended a Metropolitan State Hospital.

Dr. M. J. O'Meara, Chairman of the re-organized Board of Insanity, Dr. L. Vernon Briggs, Secretary of the Board, and Mr. Charles E. Ward, Treasurer. These men purchased in 1915 the land upon which the buildings are now erected—prepared the first plans and model of proposed buildings.

And finally, the present Commissioner, Dr. George M. Kline, and the associate Commissioners, Mr. John B. Tivnan, Dr. Henry M. Pollock, Dr. Charles G. Dewey, and Mr. Elmer A. Stevens. These men prepared the present plans, and over a period of years have carried the project to its present stage of completion.

It seems just to express at this time my appreciation of Dr. Kline for the impetus he has given the work in the field of prevention.

In closing, I would like to say that in gathering here to open formally the Metropolitan State Hospital to serve its high purpose in the care of the mentally ill of the Metropolitan District, we are not only benefiting the present generation, but we are establishing a most potent agency tending toward the improved mental health of succeeding generations. May they in their day carry on."

VISITORS

The Department and institutions thereunder have received visits from several groups representing Commissions and institutions in other States, as well as individuals from various States and foreign countries, interested in the problems of mental diseases and defect.

OFFICIAL VISITS TO OTHER STATES

In December, 1929, at the request of the Indiana Society for Mental Hygiene, Dr. George M. Kline, Commissioner, attended the State Conference on Mental Health, held in Indianapolis, at which he had been asked to present what was being done in Massachusetts in the program of mental health.

The First International Congress on Mental Hygiene was held in Washington, D. C., May 5th to 10th, 1930. His Excellency, the Honorable Herbert Hoover, President of the United States, was Honorary President of the Congress, which was sponsored by mental hygiene organizations in this and other countries. Leaders in the mental hygiene field, the world over, were present, approximately 50 of them from countries outside of the United States having leading places on the program. Dr. George M. Kline, Commissioner, a member of the Executive Committee of the Committee on Organization of this Congress, was designated by His Excellency, Governor Frank G. Allen, as official representative of the Commonwealth of Massachusetts. The other members of the Department who attended were: Dr. Winfred Overholser, Assistant Commissioner, who served as Chairman of The Committee on Mental Hygiene in Prisons and among Delinquents; Dr. Neil A. Dayton, Assistant to the Commissioner, served on The Committee on Statistics; Dr. Douglas A. Thom and Dr. C. Stanley Raymond, Assistants to the Commissioner.

Dr. George M. Kline, Commissioner, Dr. Douglas A. Thom, Dr. Neil A. Dayton and Dr. C. Stanley Raymond, Assistants to the Commissioner, attended the White

House Conference on Child Health and Protection, held in Washington, D.C. November 19th and 20th, 1930, to which they were invited as delegates by the President of the United States.

DEPORTATIONS.

There are considered 302 cases, compared 306 for the previous year. The Department deported 106 to other states and 27 to other countries: in all 133. In addition, the United States Commissioner of Immigration deported 39. Altogether 172 have been deported since December 1, 1929.

Since October 1, 1898, 4,102 persons have been deported by this Department.

Details of the deportation of cases under consideration are shown in Table 120.

General Matters.

RECOMMENDATIONS FOR LEGISLATION

1. *Relative to the Performance of Certain Duties of the Commissioner of Mental Diseases during his Absence or Disability.* This legislation is desired to make it possible for the Commissioner to delegate to other than the Assistant Commissioner duties which now necessitate the presence of one or the other in the office at all times.

2. *Providing for Investigations as to the Mental Condition of Persons Held for Trial where the Offense Charged is Punishable by Life Imprisonment.* Section 100A of Chapter 123, General Laws, as amended, provides for the automatic mental examination of certain classes of persons held for trial. The group of those charged with such serious crimes as murder in the second degree, robbery while armed, and rape, which are punishable with imprisonment for life, are not included unless they have previously been convicted of a felony. This group seems of sufficient importance to warrant their inclusion, and the Department of Mental Diseases recommends that they be so included.

NEW LEGISLATION — 1930

Chapter 176. — An Act to provide for payment to the state treasurer of unclaimed funds at certain state hospitals, known as "patients' funds".

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section thirty-nine the following new section: — *Section 39A.* So much of any funds known as "Patients' Funds" as represent monies belonging to, or deposited for the benefit of, patients who have been discharged or have escaped from any state hospital, which shall have remained unclaimed for more than ten years, shall be paid by the superintendent of such state hospital to the state treasurer to be held subject to be paid to the person establishing a lawful right thereto, with interest at the rate of three per cent per annum from the time when it was so paid to the state treasurer to the time when it is paid by him to such person; provided, that so much of any monies so paid to the state treasurer as may be necessary to reimburse the department for any sum due for the support of the person by whom, or for whose benefit such money was originally deposited, shall be credited to the department for that purpose. After six years from the date when any such monies were paid to the state treasurer the same or any balance thereof then remaining in his hands may be used as a part of the ordinary revenue of the commonwealth. Any person may, however, establish his claim after the expiration of the six years above mentioned and any claim so established shall be paid from the ordinary revenue of the Commonwealth. Any person claiming a right to money deposited with the state treasurer under this section may establish the same by a petition to the probate court; provided, that in cases where claims amount to less than fifty dollars, the claims may be presented to the comptroller who shall examine the same and allow and certify for payment such as may be proved to his satisfaction. (*Approved April 3, 1930.*)

Chapter 338. — An Act relative to the care of certain patients under the control of the department of mental diseases.

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section sixteen the following new section: — *Section 16A.* The

department, or the trustees of state hospitals with the approval of the department, may place at board, under direction, in approved private homes, with provisions for occupational therapy, such patients under supervision as they believe will be benefited from a period of training therein. Any such patient in a state hospital so placed at board by the trustees thereof, shall be deemed to be an inmate of the state hospital. The number of patients so placed shall be approved by the department. The cost to the Commonwealth of the board of such patients supported at the public expense shall not be limited by the amount specified in section sixteen. (*Approved May 22, 1930.*)

Chapter 376. — An Act establishing the salary of the commissioner of mental diseases.

SECTION 1. Section two of chapter nineteen of the General Laws, as amended by chapter four hundred and forty-three of the acts of nineteen hundred and twenty-one, is hereby further amended by striking out, in the fifth line, the word "nine" and inserting in place thereof the word: — ten, — so as to read as follows:

— *Section 2.* Upon the expiration of the term of office of a commissioner, his successor shall be appointed for five years by the governor, with the advice and consent of the council. The commissioner shall receive such salary, not exceeding ten thousand dollars, as the governor and council determine, and shall be reimbursed for expenses necessarily incurred in the performance of his duties.

SECTION 2. This act shall not take effect until an appropriation sufficient to cover the same has been made by the general court, and then as of June first in the current year. (*Approved May 27, 1930.*)

Chapter 403. — An Act establishing the Metropolitan State Hospital for the Care of the Insane.

SECTION 1. There is hereby established in the City of Waltham and the towns of Belmont and Lexington, for the care of the insane, the Metropolitan state hospital. Said hospital shall be subject to all provisions of law applicable to state hospitals under the control of the department of mental diseases, except as herein-after otherwise provided.

SECTION 2. Section five of chapter nineteen of the General Laws, as most recently amended by section one of chapter two hundred and ninety-three of the acts of nineteen hundred and twenty-five, is hereby further amended by inserting after the word "hospital" the first time it occurs in the seventh line, the words: — Metropolitan state hospital, — and by striking out, in the seventh and eighth lines, the words: — Norfolk state hospital, — so as to read as follows: — *Section 5.* The boards of trustees of the following public institutions shall serve in the department: Belchertown state school, Boston psychopathic hospital, Boston state hospital, Danvers state hospital, Foxborough state hospital, Gardner state colony, Grafton state hospital, Walter E. Fernald state school, Medfield state hospital, Metropolitan state hospital, Monson state hospital, Northampton state hospital, Taunton state hospital, Westborough state hospital, Worcester state hospital and Wrentham state school.

SECTION 3. Chapter one hundred and twenty-three of the General Laws, as most recently amended in section twenty-five by section three of said chapter two hundred and ninety-three, is hereby further amended by striking out said section twenty-five and inserting in place thereof the following: — *Section 25.* The state institutions under the control of the department shall be Worcester state hospital, Taunton state hospital, Northampton state hospital, Danvers state hospital, Grafton state hospital, Westborough state hospital, Foxborough state hospital, Medfield state hospital, Monson state hospital, Gardner state colony, Wrentham state school, Boston state hospital, Walter E. Fernald state school, Boston psychopathic hospital, Belchertown state school, Metropolitan state hospital, and such others as may hereafter be added by authority of law.

SECTION 4. The provisions of law relative to the commitment and admission of insane persons to, the custody, care, treatment and support of such persons at, and the discharge of such persons from, state hospitals under the control of the department of mental diseases shall not take effect, as to the metropolitan state hospital established hereby, until it is ready for the reception of patients and such time shall be fixed by proclamation of the governor in accordance with a notification from the said department; but, until the appointment of the trustees of such hospital under

section five of this act and their qualification, such provisions shall be effective as to such hospital subject to the provisions of section six of this act.

SECTION 5. Of the appointments of trustees of the Metropolitan state hospital which shall be originally made by the governor, with the advice and consent of the council, under authority of this act, in January, nineteen hundred and thirty-three, one shall be for a term of one year, one for a term of two years, one for a term of three years, one for a term of four years, one for a term of five years, one for a term of six years and one for a term of seven years, from the first Wednesday in February, nineteen hundred and thirty-three, subject, however, to the provisions of section six of chapter nineteen of the General Laws.

SECTION 6. Until the appointment and qualification of trustees as aforesaid,

(1) The Metropolitan state hospital shall be directly under the control of the department of mental diseases in accordance with the provisions of section three of chapter one hundred and twenty-three;

(2) Said department shall have and exercise all the powers and duties in respect to said hospital which the trustees of the several state hospitals under the control of the department of mental diseases have and exercise in respect thereto, and, in respect to such hospital, shall be subject to all provisions of law applicable to trustees of such state hospitals; and

(3) Said department shall appoint to and may remove from the service of such hospital: (a) A superintendent, who shall be a physician and shall reside at the hospital, and, with the approval of said department, shall appoint and may remove assistant physicians and necessary subordinate officers and other persons; and (b) a treasurer, who shall give bond for the faithful performance of his duties.

SECTION 7. Section two of this act shall not take effect until the appointment and qualification of the trustees of said hospital as aforesaid. (*Approved May 28, 1930.*)

Chapter 364.—An Act authorizing the Town of Medfield to Purchase Water from the Commonwealth.

SECTION 1. Subject to the approval of the governor and council, the town of Medfield may obtain from the Commonwealth, through an arrangement with the department of mental diseases, water from the works of any public institution under the control of said department within the limits of said town. Upon approval by the governor and council of any such plan of supplying water to said town, the commissioner of mental diseases may, in his discretion, arrange for the delivery of, and deliver, water into the pipes of said town, from such places and on such conditions and terms as the commissioner and the water commissioners of said town may mutually agree upon. If the commissioner and the said water commissioners are unable so to agree, the water shall be pumped and delivered upon such conditions and terms as shall be approved and authorized by the governor and council.

SECTION 2. This act shall take effect upon its passage. (*Approved May 27, 1930*)
Chapter 237.—An Act authorizing certain Guardians and Conservators to make Provision for the Burial Expenses of their Wards.

Chapter two hundred and one of the General Laws is hereby amended by inserting after section forty-eight the following new section:—*Section 48A.* Upon application therefor by a conservator or by a guardian of an insane person or a spendthrift, whose ward is a resident of the Commonwealth, the probate court, after such notice as it deems necessary, and a hearing, may authorize him to deposit, for the purpose hereinafter stated, in a savings bank, or in the savings department of a trust company, within the Commonwealth, not exceeding one hundred and fifty dollars, to be expended solely for, or towards the expense of, the burial of his ward. Such deposit shall be made in the name of the judge of probate for the time being, and shall be subject to the order of the judge and of his successors in office. The person making such deposit shall file in the probate court a memorandum thereof and the deposit book, and the amount so deposited shall, for the purpose of the accounting by such guardian or conservator, be allowed as a payment. Upon the death of such ward, the probate court may, upon application and after like notice and hearing, authorize the payment of such sum, together with any accrued interest thereon, to the executor of the will of such ward or to the administrator of his estate, to be expended by him only for the purpose herein-

before stated; provided, that any balance remaining after the payment of such expense shall become general assets of the estate. (*Approved April 21, 1930.*)

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of the Department of Mental Diseases:

The Committee on Nurses Training Schools consists of Dr. E. H. Cohoon, Chairman; Dr. W. A. Bryan and Dr. R. M. Chambers, members; and Dr. E. K. Holt, Secretary.

During the year ending November 30, 1930, schools for regular nurses training were conducted at the Danvers State Hospital, Medfield State Hospital, Monson State Hospital, Taunton State Hospital, Westborough State Hospital and the Worcester State Hospital. In previous years, a course in nurses training was given at the Grafton State Hospital, but this course is no longer conducted at Grafton.

In June, 1930, examinations were given to fifty-five junior pupil nurses, all of whom received passing grades on the examinations. Examinations were also given to seventeen senior pupils. All received passing grades. Approximately forty five pupils were enrolled in the intermediate year for general hospital affiliate training at the Boston City Hospital and the Massachusetts Memorial Hospital.

Some of the hospitals giving courses of nurses' training are giving instruction to affiliate pupil nurses from various general hospitals. These pupils, members of the regular training class of a general hospital, who desire to receive a period of instruction and practical experience in nursing care of mental cases, are transferred for a period of not less than eight weeks to a State hospital. At the State hospital, they receive full maintenance and salary allowance equivalent to that paid at the general hospital where they are regularly enrolled, but not in excess of ten dollars per month. The Department laid down a definite policy in regard to the appointment of affiliates, authorizing the hospitals to accept two such affiliates in place of one regular attendant nurse, and where any hospital is regularly employing twelve or more such affiliates an Assistant Principal of Training Schools may be employed to conduct the affiliate course. Affiliated training in 1930 was given at the Worcester State Hospital for the pupils in several of the general hospitals in that vicinity; also, the Taunton State Hospital has given an affiliated course to pupils of several general hospitals; and plans to provide an affiliate course were instituted by the Danvers State Hospital, but no affiliates were actually enrolled there prior to November 30, 1930. The Medfield State Hospital and the Westborough State Hospital are considering the acceptance of affiliate pupils but have not yet completed arrangements. The Boston Psychopathic Hospital does not maintain a regular school of nursing, except affiliate training for several of the general hospitals in eastern Massachusetts, and a course in post-graduate psychiatric nursing, are also available at the Boston Psychopathic Hospital. The Monson State Hospital provided training by affiliation in pediatrics for the pupil nurses of the Pittsfield General Hospital during this year. In accordance with a stated policy of the Department, instructions were issued to all institutions instructing the various Superintendents that the hospitals may continued the course in regular nursing only at those hospitals where the first year class of fifteen or more pupils are enrolled, and after 1932 a hospital must graduate at least ten pupils if this course is to be continued.

At the beginning of the school year, October 1, 1930, institutions giving regular courses for graduate nurses eligible for registration showed the following enrollment in the first year class:

Danvers	14*	Taunton	19
Medfield	17	Westborough	19
Monson	16	Worcester	29

* (6 additional pupils enrolled but not yet actually under training)

For the past two years or more, the Committee has been considering the entire question of the training school, with the possible view of discontinuing all courses in regular nurses training because of the small enrollment of some of the schools. A final decision was reached to allow those institutions to continue regular training courses where a sufficient number of pupils could be obtained to justify the exis-

tence of the school. At the other institutions, a special course was instituted in psychiatric nursing. Therefore, after October 1, 1930, training schools will be conducted at all of the hospitals of the Department,—the special course in psychiatric nursing being given at all hospitals where regular nurses training is not carried on. The curriculum for this course in its final form was adopted in April, 1930, and approved by the Department in June, 1930. The standards of eligibility for enrollment in the psychiatric training course are as follows:

1. In the current year, this training will be given for female students only.
2. Students admitted to the course should be over eighteen, and not more than thirty-five years of age.
3. Completion of grammar school education is necessary for enrollment. A school diploma or certificate of graduation is acceptable. If there is no such certificate, a statement from the school where education was obtained is necessary.

The course covers two full years, with the following curriculum:

<i>First Year</i>		<i>Hours</i>	<i>Senior Year</i>		<i>Hours</i>
1. Introductory Lecture		1	1. Materia Medica		8
2. Rules and Regulations		1	2. Psychiatry and Neurology		40
3. Ethics,—a. General		2	3. Medical Diseases		16
b. Organization		1	4. Surgical Diseases		16
c. Relationships		1	5. Skin, Venereal and Communicable Dis-		
4. Practical Nursing—General		50	eases		12
5. Hospital Housekeeping		8	6. Eye, Ear, Nose and Throat		2
6. Personal Hygiene		4	7. Occupational Therapy		20
7. Anatomy and Physiology		24	8. Hydrotherapy		10
8. Drugs and Solutions		6	9. Social Service		2
9. Cookery and Nutrition		10	10. Physical Therapy		10
10. Bandaging		8	11. Diet in Diseases		4
11. Hydrotherapy		10			
12. Bacteriology		6			
13. Mental Nursing		16			
14. History of Nursing		4			
Total hours		152	Total hours		140

In October 1930, the course for psychiatric nurses was instituted at five of the institutions, with enrollment of pupils as follows:

	<i>Pupils</i>
Boston State Hospital	30
Grafton State Hospital	12
Foxborough State Hospital	12
Northampton State Hospital	20
Gardner State Colony	21*

*Six of whom are males admitted to the course upon a special request of the Superintendent of the hospital.

Inasmuch as there was no Principal of Training School at the Foxborough State Hospital and the Gardner State Colony, the personnel quotas were modified to authorize the employment of a principal of schools in each of these institutions.

During the year, there was a meeting on April 28, 1930, of the Nurses Training School Committee together with the Principals of the Training Schools at the Worcester State Hospital, and a similar meeting was held October 22, 1930, in Room 427, State House, Boston, to ascertain the progress of the new course of psychiatric nursing. The degree of enthusiasm among the pupils of this course varies at the different hospitals conducting this training, but all of these institutions have undertaken this training seriously, and it is desired that eventually some form of special registration by the State Board may be obtained for graduates of this course.

Respectfully submitted,

ELISHA H. COHOON, *Chairman*,
WILLIAM A. BRYAN

RALPH M. CHAMBERS
EARL K. HOLT, *Secretary*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1930. Tables 1-11, inclusive, immediately following this report.)

To the Commissioner of the Department of Mental Diseases:

I herewith submit my report of the activities of the Financial Division for the fiscal year ending November 30, 1930. This report has embodied in it the finances of the Department and the institutions under its financial control, the report of

the Department's Engineer, Assistant Engineer, and Farm Supervisor, and various tables dealing with these activities. The reports contain information relative to the work of the Financial Division on Appropriations for Special Purposes (including the completion of certain units of the new Metropolitan Hospital and its official opening by His Excellency, Governor Allen), the supervision of major repairs, overseeing of institution farms, and the exhibits of the institutions in the tercentenary year of the founding of the Commonwealth.

The Department's training school for Stewards, which was started in 1929 by the Legislature making money available for the purpose, has proved a success. From a group trained from six to nine months there were appointed three men to three different institutions in 1929, and one in 1930. On November 30, there was in training one person, who, if he shows the right qualifications, will be appointed to a vacancy caused by a resignation effective as of November 16, 1930.

Mention should be made and credit given the Department of Correction for its co-operation in complying with the requests for changes in manufactured goods to meet the requirements of this Department. Under the law, this, as well as all other Departments, must purchase through them articles which they manufacture.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to \$298,878.16, an increase of \$43,069.53 over that of the previous year. Of this increase \$7,344.57 comes under the heading of Personal Services with approximately \$36,000 accounted for in the various research projects sponsored by the Department. The remaining \$5,000 is due to unusually large expenses under Transportation of patients, and a normal increase in Expenses.

Table 3 shows the amount appropriated by the Legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year, namely November 30, 1929). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then come the receipts which are for sales only. The receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expense arrived at by deducting receipts from the gross expense and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$7.03; that for the schools for mental defectives is \$7.247; with an average of \$7.316 for the fifteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1929, we find that the average per capita cost for the twelve mental hospitals was \$7.369, or .339c more than for the fiscal year 1930. For the schools for mental defectives for the fiscal year 1929 the average per capita cost was \$7.369, or .122c more than the average per capita cost for the fiscal year 1930. Taking the total of the fifteen institutions for 1929, the average per capita cost was \$7.367, as compared with the average per capita cost for 1930 of \$7.316, or .051c more than the average for the year 1930. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional, compared with that of the other institutions, the average weekly per capita cost for the eleven mental hospitals, when re-computed without the Boston Psychopathic Hospital, for 1930, is \$6.97, and the average weekly per capita cost for the fourteen institutions, computed without Boston Psychopathic Hospital is \$7.126.

The expenses of the Metropolitan State Hospital are shown but no per capita cost appears inasmuch as the patients in this institution are listed on the books of the other mental hospitals up to October 29, 1930, when the Metropolitan State Hospital officially was opened. From that date to the close of the fiscal year (November 30, 1930) the average number of patients in this hospital was 275.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. To instruct institutions into what groups items were to be placed there was issued by the Financial Division of this Depart-

ment in 1922 a book entitled "Standard for Analyzing Maintenance Expenses". This book has since been adopted by all Departments in this Commonwealth having institutions under their supervision. Thus it can be seen that the analysis of expenditures is standard in all institutions and in no case left to the interpretation of the personnel of the individual institution.

The average weekly per capita cost for personnel for 1929 was \$3.81 and for 1930, \$3.69, a decrease of \$.12 from 1929. This detail will be noted in Table 5.

The rotation of persons employed for the year 1930 shows a slight decrease from 1929 under all classifications in mental hospitals, while under schools for mental defectives a slight increase is shown under Industrial and Educational. (Table 6)

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the Act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during this fiscal year. As stated in the report of 1928, this table was a departure from those published in previous years, inasmuch as it dealt with indebtedness incurred and balances available rather than with actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. The purpose of this departure was that the table more clearly represented the actual condition of the appropriation in that it showed the true balance available for additional expenditures. It is felt that the information thus given has met with the approval of those desirous of following the progress of any of the activities therein listed.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$939,434.03, an increase from the receipts of 1929 of \$12,775.68. The per capita amount received in 1930, based on average daily patient population, was \$42.03. The receipts from paying patients were 10.94% of the total cost of maintenance. (Table 8).

Section 27, Chapter 123 of the General Laws reads as follows:

"The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals as shown in Table 9 have received gifts which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department and the management of the institutions encourage gifts made under this law and from them special benefit is derived by the patients along lines or in a way not always possible from the funds of the Commonwealth.

The Printing Plant at the Gardner State Colony, while an activity of small outlay, has given the Department the opportunity to meet its printing needs and at the same time to train patients in a valuable form of occupational therapy. At this plant there were printed 151,500 letterheads, 144,300 envelopes, 33,875 Christmas folders and envelopes, 7,400 bound reports, 24,000 booklets, 11,500 contract forms, and medical and other forms of 272 varieties totaling approximately 2,850,000 pieces of printing. The foregoing shows a decrease over 1929 of approximately 1,150,000 pieces printed, which was done at an expense of \$5,751.52, being \$798.11 less than the expense of 1929.

The reports of the Department's Engineer, Assistant Engineer and Farm Supervisor are appended.

REPORT OF THE DEPARTMENT ENGINEER

The Metropolitan State Hospital which has occupied the major position in the construction program of the department was sufficiently completed during 1930 to be officially opened. This event took place on October 29th, at which time the ceremonies were attended by several hundred state and municipal officials and a large number of representatives of the medical profession. Appropriate ceremonies were held at which addresses were made by Governor Frank G. Allen, former Governor Alvan T. Fuller, and others, followed by an inspection of the hospital. The following buildings were completed: Administration Building, Nurses' Home, eight Continued-Treatment buildings, the Service Building (containing kitchen, storerooms, cold storage, patients' dining room and employees' dining room) Laundry Building, Garage and Boiler Plant.

At Boston State Hospital a definite renovation program was started by the construction of two Employees' Buildings, and the moving and renovating of the Austin house portion of the old Administration Building for physicians' quarters. The remainder of the building was torn down removing a serious fire hazard. The rear center at the Danvers State Hospital was renovated by the construction of new dining rooms for patients and employees, new kitchen, bakery, canning room, etc., and demolishing of the old kitchen, dining room and bakery. Another Hospital Building was erected at the Gardner State Colony, a Recreation and Chapel Building at the Grafton State Hospital, and a Ward Building and a Recreation Pavilion at the Northampton State Hospital.

At Monson State Hospital a Reception Building was erected and an addition made to the Nurses' Home. A Kitchen and Dining-room Building was erected at the Walter E. Fernald State School, putting the food service on a modern and efficient basis.

A Children's Clinical Building was started at the Wrentham State School, which will provide the first research building for the study of the problem of the feeble-minded in any of the institutions in this State. Another Nursery Building was erected and an addition made to the Service Building to care for increased requirements. At the Belchertown State School, a Dormitory, an Industrial Building for Girls, a Nursery Building, and an Employees' Cottage were erected.

The usual routine work was carried on, studies were made and conferences held relative to building programs and budget requests. New construction was supervised and inspected by clerks of the works under the engineer. Frequent visits were made to institutions for the purpose of inspection and assistance in operation problems.

REPORT OF THE ASSISTANT ENGINEER

In addition to the making of numerous sketches, studies, routine investigations and reports, plans have been drawn and specifications written covering the construction of the following projects identified with the 1930 fiscal year:—

Employees' Cottage No. 6, and renovation of the Old Town Farm Property at the Belchertown State School.

Hay Barn, Cow Barn, Dairy, Wash-room, Manure Pit, and Milking Room at the Worcester State Hospital.

Pines D Building Solarium, Canning Building, and Horse Barn at the Grafton State Hospital.

Renovation of the Warren and the Houghton Houses at the Westborough State Hospital.

Shop Building at the Walter E. Fernald State School.

Renovation of Baths and Clothing Rooms at the Taunton State Hospital.

The major projects listed in the repairs and renewals section of the institution maintenance appropriations have been studied, suggestions made, and the work inspected.

During the year, forty visits were made in connection with the work at the various institutions under the control of the Department.

REPORT OF THE FARM SUPERVISOR

This year's figures include an additional farm at the Metropolitan State Hospital at Waltham.

During the year 113 inspections of the 15 institution farms were made, or an average of 7 visits to each institution.

The analysis of the year's business of the 15 farms shows a total net profit of \$447,307.40 which is an increase of \$276,774.87 over the net profit of the 14 farms for the year 1929. Irrespective of the unusually dry season, by the use of irrigation crops of good size and quality were harvested. Costs of production were lower than the previous year which added to the net increased profit. The value of farm products for the year 1930 is \$1,000,612.52. (See tables 10 and 11.)

The average number of cows for 1930 is 801.19 or an increase of 35.02 cows over the year 1929 with an average milk production per cow of 11,476.51 pounds. The yearly milk production shows an increase of 140.79 pounds per cow over milk production for 1929. For the thirteenth consecutive year an increase in milk production per cow has been made. Many high quality herd sires have been brought into the herds during the year and the usual number of heifers and calves have been raised.

Eleven institutions have pure bred registered swine. The year's production of pork amounts to 613,653.11 pounds, or an increase of 83,450.61 pounds over 1929 production. The Ton Litter Contest, started in 1926 was carried out again this year. The winning institution had a litter of pigs weighing 3,125 pounds.

The poultry plants made a good showing both in egg production and dressed poultry.

In the exhibit of the Tercentenary celebration, both at Springfield at the time of the Eastern States Exposition and in the Commonwealth Armory at Boston, fruit and vegetables in their natural state and canned products grown upon the farms of the institutions under this Department were shown and received much favorable comment for the quality and arrangement. The scope of all farm work and its activities was illustrated by comprehensive charts.

Respectively submitted,

WARREN A. MERRILL,

Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1930

TABLE 1. — *Total Expenditures of Department and Institutions.*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
<i>Department of Mental Diseases</i>	\$223,316.95	\$75,561.21	—	\$298,878.16
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	161,455.61	87,236.85	\$155.97	248,848.43
Boston State Hospital	421,930.05	427,122.91	203,919.53	1,052,972.49
Danvers State Hospital	345,982.14	391,098.93	144,026.11	881,107.18
Foxborough State Hospital	204,268.69	200,039.00	104,017.24	508,324.93
Gardner State Colony	214,224.41	224,257.53	205,944.70	644,426.64
Grafton State Hospital	294,958.35	298,242.56	57,051.71	650,252.62
Medfield State Hospital	331,658.47	325,960.88	19,088.42	676,707.77
Metropolitan State Hospital	45,493.33	118,847.55	1,208,456.84	1,372,797.72
Northampton State Hospital	243,852.75	246,686.11	16,830.47	507,369.33
Taunton State Hospital	305,209.47	275,378.28	125,693.85	706,281.60
Westborough State Hospital	291,492.33	271,770.49	23,019.77	586,282.59
Worcester State Hospital	430,724.78	412,130.37	38,907.59	881,762.74
Monson State Hospital (epileptic)	253,949.43	227,423.10	128,305.74	609,678.27
Total	\$3,545,199.81	\$3,506,194.56	\$2,275,417.94	\$9,326,812.31
<i>Schools for Mental Defectives:</i>				
Belchertown State School	\$186,220.12	\$214,640.84	\$313,507.55	\$714,368.51
Walter E. Fernald State School	315,329.30	304,704.44	163,120.27	783,154.01
Wrentham State School	242,049.51	271,486.24	115,037.61	628,573.36
Total	\$743,598.93	\$790,831.52	\$591,665.43	\$2,126,095.88
Grand Total	\$4,512,115.69	\$4,372,587.29	\$2,867,083.37	\$11,751,786.35

¹Less Sales

TABLE 2. — *Departmental Receipts and Expenditures.**Expenditures.*

	APPROPRIATIONS			Expenditures (Net)	Balance
	Appropriation, 1930	Brought Forward From 1929 Appropriation	Total Available		
Personal Services	\$116 500.00	—	\$116,500.00	\$115,283.04	\$1,216.96
Expenses	19,000.00	\$2,734.70	21,734.70	19,475.05	2,259.65
Transportation	15,200.00	—	15,200.00	14,781.64	418.36
Persons Boarded in Family Care .	5,000.00	—	5,000.00	4,621.69	378.31
Persons Board in Hospital Cottages	18,000.00	—	18,000.00	15,111.63	2,888.37
Investigation of Mental Diseases and Defects	83,150.00	9,035.33	92,185.33	66,660.17	25,525.16
Psychiatric Examination of Prisoners	65,000.00	269.74	65,269.74	62,944.94	2,324.80
Total	\$321,850.00	\$12,039.77	\$333,889.77	\$298,878.16	\$35,011.61

Receipts.

Payable to State Treasurer:	
For support of patients in Family Care	\$168.25
For support of patients in Hospital Cottages	123.30
Licenses	950.00
Interest	352.23
Total	\$1,593.78
Testimony Fees	7.20
Received for forms	26.15
Interest on board bill	29.49
Total	\$1,656.62

TABLE 3. — *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution.*
(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated for 1930	Balance from 1929	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$235,850.00	\$4,314.38	\$260,164.38	\$248,856.79	\$164.33	\$248,692.46	86.40	\$55.202
Boston State Hospital	856,580.00	27,689.69	884,269.69	849,541.48	488.52	849,052.96	2,269.47	7.175
Danvers State Hospital	758,290.00	15,469.98	773,759.98	739,254.00	2,172.93	737,081.07	2,027.00	6.974
Foxborough State Hospital	429,770.00	7,986.63	437,756.63	406,652.82	2,345.13	404,307.69	1,001.26	7.745
Gardner State Colony	465,600.00	8,886.27	474,486.27	442,691.63	4,709.69	438,481.94	1,209.94	6.95
Graiton State Hospital	598,800.00	19,342.89	618,142.89	596,338.14	3,137.23	593,200.91	1,544.62	7.365
Metfield State Hospital	666,930.00	13,406.81	680,336.81	659,470.80	1,851.45	657,619.35	1,848.96	6.822
Metropolitan State Hospital	330,500.00	7,480.72	337,980.72	164,617.45	276.57	164,340.88	275.40	— ²
Northampton State Hospital	511,800.00	4,681.96	516,481.96	491,483.73	944.87	490,538.86	1,513.40	6.216
Taunton State Hospital	596,920.00	5,373.37	602,293.37	581,956.59	1,368.84	580,587.75	1,515.08	7.349
Westborough State Hospital	580,940.00	799.46	581,739.46	568,123.05	4,860.23	563,262.82	1,476.64	7.315
Worcester State Hospital	860,210.00	21,651.58	881,861.58	846,414.44	3,559.29	842,855.15	2,281.26	7.086
Monson State Hospital (epileptic)	491,868.52	7,184.25	499,052.77	484,243.72	2,871.19	481,372.53	1,244.30	7.419
Total	\$7,404,058.52	\$144,267.99	\$7,548,326.51	\$7,079,644.64	\$28,250.27	\$7,051,394.37	\$8,293.73	\$7.030 ³
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$410,200.00	\$706.80	\$410,906.80	\$402,241.88	\$1,380.92	\$400,860.96	956.66	\$8.031
Walter E. Fernald State School	647,450.00	19,733.28	667,183.28	621,982.09	1,948.35	620,033.74	1,654.91	7.185
Wrentham State School	532,050.00	6,142.45	538,192.45	515,925.78	2,390.03	513,535.75	1,448.84	6.615
Total	\$1,589,700.00	\$26,582.53	\$1,616,282.53	\$1,540,149.75	\$5,719.30	\$1,534,430.45	4,060.41	\$7.247
Grand Total	\$8,993,758.52	\$170,850.52	\$9,164,609.04	\$8,619,794.39	\$33,969.57	\$8,585,824.82	22,354.14	\$7.316

¹Receipts from Sales only.

²Inasmuch as the population of this institution was carried on the books of other institutions until October 29, 1930, no per capita cost appears.

³Does not include the Net Weekly Per Capita Cost of the Metropolitan State Hospital.

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution.*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$161,346.61	\$35.81	\$480.00	\$.11	\$5,698.10	\$1.26	\$36,293.29	\$8.06
Boston State Hospital	421,659.16	3.56	2,079.99	.02	7,784.38	.07	199,302.77	1.68
Danvers State Hospital	345,714.40	3.27	2,061.47	.02	8,246.84	.08	134,731.93	1.27
Foxborough State Hospital	204,134.18	3.91	1,539.00	.03	6,168.89	.12	67,523.76	1.29
Gardner State Colony	214,056.92	3.39	1,290.50	.02	4,285.82	.07	54,610.23	1.87
Grafton State Hospital	294,713.78	3.66	1,476.00	.02	4,439.35	.06	93,365.68	1.16
Medfield State Hospital	331,387.47	3.44	2,120.00	.02	6,216.51	.06	130,828.20	1.36
Metropolitan State Hospital	45,481.52	—	350.00	—	5,577.62	—	15,178.85	—
Norhampton State Hospital	243,696.52	3.09	1,140.00	.01	6,571.29	.08	105,333.15	1.33
Taunton State Hospital	304,989.76	3.86	1,820.00	.02	6,792.86	.08	104,937.56	1.33
Westborough State Hospital	291,289.40	3.78	1,476.76	.02	6,550.60	.09	104,868.93	1.36
Worcester State Hospital	430,418.23	3.62	2,640.00	.02	11,502.52	.10	161,220.11	1.36
Monson State Hospital (epileptic)	253,758.81	3.91	1,525.92	.02	5,481.42	.08	70,060.09	1.08
Total	\$3,542,646.76	\$3.72	\$19,999.64	\$.02	\$85,316.20	\$.08	\$1,278,254.55	\$1.34
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$186,098.78	\$3.73	\$1,557.50	\$.03	\$6,642.80	\$.13	\$61,914.90	\$1.24
Walter E. Fernald State School	315,111.34	3.65	2,650.00	.03	8,188.01	.09	94,613.69	1.09
Wrentham State School	241,860.15	3.12	1,800.00	.02	6,930.78	.09	91,779.10	1.18
Total	\$743,070.27	\$3.51	\$6,007.50	\$.03	\$21,761.59	\$.10	\$248,307.69	\$1.17
Grand Total	\$4,285,717.03	\$3.68	\$26,007.14	\$.02	\$107,077.79	\$.09	\$1,526,562.24	\$1.31

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued.*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT, LIGHT AND POWER	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$1,292.03	\$.29	\$4,863.54	\$1.08	\$18,520.01	\$4.12	\$11,001.65	\$2.44
Boston State Hospital	30,007.13	.25	43,702.38	.36	30,509.01	.26	69,475.29	.58
Danvers State Hospital	23,194.26	.22	39,862.81	.37	54,082.59	.51	56,979.84	.53
Foxborough State Hospital	13,164.10	.25	22,198.10	.42	16,088.73	.32	30,699.36	.58
Gardner State Colony	15,909.44	.25	19,718.19	.31	21,726.03	.34	38,699.84	.61
Grafton State Hospital	20,863.36	.26	27,683.20	.34	18,227.85	.22	53,213.58	.66
Medfield State Hospital	24,702.42	.26	37,890.64	.39	11,372.53	.12	50,748.97	.53
Metropolitan State Hospital	40,147.53	—	18,677.86	—	2,243.56	—	19,362.87	—
Norfolk State Hospital	9,702.34	.12	24,052.63	.30	12,878.63	.16	35,374.44	.45
Northampton State Hospital	16,178.97	.20	29,412.64	.37	19,046.28	.24	30,324.42	.38
Taunton State Hospital	16,441.38	.21	30,682.62	.40	13,857.77	.18	42,135.33	.55
Westborough State Hospital	18,966.51	.16	38,312.42	.32	40,289.36	.34	66,762.41	.56
Worcester State Hospital	12,702.08	.20	24,325.37	.37	11,952.62	.18	38,315.07	.59
Monson State Hospital (epileptic)								
Total	\$243,271.55	\$.22	\$361,292.40	\$.36	\$270,794.97	\$.29	\$543,093.07	\$.56
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$18,480.29	\$.37	\$22,380.24	\$.45	\$8,602.71	\$.17	\$34,252.06	\$.69
Walter E. Fernald State School	20,792.34	.24	37,962.59	.44	19,902.84	.23	37,667.45	.44
Wrentham State School	21,612.21	.28	27,219.74	.35	9,448.87	.12	37,972.76	.49
Total	\$60,884.84	\$.29	\$87,562.57	\$.41	\$37,954.42	\$.18	\$109,872.27	\$.52
Grand Total	\$304,156.39	\$.23	\$448,854.97	\$.37	\$308,749.39	\$.27	\$652,965.34	\$.55

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution. — Concluded*

INSTITUTIONS	FARM		GARAGE, STABLE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$202.59	\$.07	\$3,976.64	\$.88	\$4,819.00	1.07
Boston State Hospital	\$6,409.85	\$.05	5,597.94	.05	20,550.55	.17	11,703.62	.09
Danvers State Hospital	31,748.80	.30	5,314.27	.05	20,691.75	.19	14,184.37	.13
Foxborough State Hospital	21,434.90	.41	4,171.34	.07	9,311.63	.17	7,829.19	.14
Gardner State Colony	34,617.25	.54	5,549.50	.08	16,845.67	.26	11,005.06	.15
Grafton State Hospital	31,508.10	.39	7,464.97	.09	18,959.59	.24	21,040.88	.26
Medfield State Hospital	30,717.65	.32	4,475.52	.05	18,836.17	.20	7,952.27	.08
Metropolitan State Hospital	3,208.72	—	8,194.21	—	5,906.33	—	—	—
Norhampton State Hospital	23,497.27	.30	5,364.04	.07	14,033.28	.18	8,739.03	.11
Taunton State Hospital	27,933.22	.35	6,877.78	.09	14,263.28	.18	17,791.27	.23
Westborough State Hospital	21,992.12	.29	6,626.23	.09	14,954.65	.19	12,184.10	.16
Worcester State Hospital	31,095.20	.26	7,557.50	.06	19,616.71	.16	14,167.63	.12
Monson State Hospital (epileptic)	26,407.83	.41	8,054.42	.12	11,500.29	.18	17,097.99	.26
Total	\$290,570.91	\$.31	\$75,540.31	\$.07	\$189,546.55	\$.20	\$148,514.41	\$.16
<i>Schools for Mental Defectives:</i>								
Beichertown State School	\$32,465.12	\$.65	\$7,656.25	\$.15	\$11,364.29	\$.23	\$9,324.68	\$.19
Walter E. Fernald State School	39,103.55	.45	7,079.91	.08	15,984.24	.19	20,759.82	.24
Wrentham State School	36,455.40	.47	6,087.56	.08	13,833.92	.18	18,365.90	.24
Total	\$108,024.07	\$.51	\$20,823.72	\$.10	\$41,182.45	\$.19	\$48,450.40	\$.24
Grand Total	\$398,594.98	\$.34	\$96,364.03	\$.08	\$230,729.00	\$.20	\$196,964.81	\$.17

TABLE 5. — Analysis of Pay Rolls — By Institution.

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$7.35	\$9.10	\$.53	\$18.90	\$35.84
Boston State Hospital . . . . .	.25	1.76	.11	1.46	3.56
Danvers State Hospital . . . . .	.19	1.58	.06	1.45	3.28
Foxborough State Hospital . . . . .	.27	1.55	.11	1.98	3.91
Gardner State Colony . . . . .	.22	1.43	.15	1.59	3.40
Grafton State Hospital . . . . .	.22	1.37	.09	1.99	3.66
Medfield State Hospital . . . . .	.20	1.56	.10	1.58	3.44
Metropolitan State Hospital	—	—	—	—	—
Northampton State Hospital . . . . .	.23	1.27	.05	1.55	3.09
Taunton State Hospital . . . . .	.25	1.69	.08	1.83	3.86
Westborough State Hospital . . . . .	.21	1.52	.08	1.97	3.79
Worcester State Hospital . . . . .	.24	1.72	.08	1.58	3.62
Monson State Hospital (epileptic) . . . . .	.25	1.68	.06	1.93	3.91
Averages	\$.27	\$1.61	\$.09	\$1.76	\$ 3.72
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.20	\$1.31	\$.25	\$1.98	\$3.73
Walter E. Fernald State School . . . . .	.24	1.60	.38	1.45	3.65
Wrentham State School . . . . .	.19	1.53	.27	1.13	3.12
Averages	\$.21	\$1.52	\$.32	\$1.47	\$3.51
Total Averages	\$.25	\$1.61	\$.13	\$1.71	\$3.69

TABLE 6. Rotation in Service of Persons Employed in Institutions.

INSTITUTIONS	PERSONS EMPLOYED				
	Medical	Ward Service	Industrial and Educational	All others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.69	2.80	1.26	1.59	2.01
Boston State Hospital	1.87	2.24	1.74	2.49	2.31
Danvers State Hospital	2.52	2.38	2.33	2.05	2.25
Foxborough State Hospital	1.75	2.98	1.20	1.64	2.29
Gardner State Colony	1.31	2.57	1.70	1.76	2.14
Grafton State Hospital	1.67	2.01	1.43	1.68	1.83
Medfield State Hospital	1.76	1.95	1.18	1.86	1.89
Metropolitan State Hospital	—	—	—	—	—
Northampton State Hospital	1.89	2.94	1.46	1.76	2.37
Taunton State Hospital	1.91	2.05	1.59	1.62	2.25
Westborough State Hospital	1.59	3.30	1.25	1.89	2.55
Worcester State Hospital	1.80	2.62	1.36	1.96	2.32
Monson State Hospital (epileptic)	1.53	2.17	1.47	1.55	1.87
Average	1.80	2.44	1.54	1.85	2.19
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.49	2.47	2.05	1.51	2.03
Walter E. Fernald State School	1.43	2.46	1.72	1.70	2.12
Wrentham State School	1.27	2.22	2.07	1.52	2.00
Average	1.40	2.39	1.89	1.61	2.06
Total Averages	1.74	2.43	1.69	1.82	2.17

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings.

INSTITUTIONS AND TITLE	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1930	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital								
X-Ray Equipment	127	1928	\$5,800.00	—	\$5,630.75	\$155.97	\$5,786.72	\$13.28
Employees' Building, Greenhouse, etc.	115	1930	—	\$158,000.00	—	133,829.72	133,829.72	24,170.28
Renewing Steam Lines	146	1930	40,000.00	27,400.00	33,761.09	25,731.76	59,492.85	7,907.15
Administration Building	127	1928	—	180,000.00	172,461.10	7,538.90	180,000.00	—
Sewer and Water Extension	115	1930	—	13,000.00	1,967.00	9,515.17	11,482.17	1,517.83
Danvers State Hospital								
Officer's Cottage	115	1930	—	6,000.00	—	—	—	6,000.00
Renovation Rear Center	115	1930	—	200,000.00	—	289,712.22	289,712.22	10,287.78
(To be appropriated in 1931)	—	1931	—	100,000.00	—	3,568.68	19,995.18	4.82
Sewage Disposal	146	1929	20,000.00	—	16,426.50	20,845.80	35,355.24	1,644.76
Remodeling Gas House and Grove Hall	146	1929	37,000.00	—	14,509.44	—	—	—
Power House and Steam Mains	146	1929	17,000.00	—	16,494.58	6,502.98	22,997.56	2.44
Nurses' Home	115	1930	143,000.00	—	141,957.06	1,036.66	142,993.72	6.28
Furnishing Male Attendants' Home	127	1928	4,700.00	—	4,676.55	22.59	4,699.14	.86
Replacing Elevators	127	1928	12,400.00	—	12,129.71	267.58	12,397.29	2.71
Foxborough State Hospital								
Female Ward Building	115	1930	—	35,000.00	—	—	—	35,000.00
Buildings — Farm Colony	115	1930	—	105,000.00	—	—	—	105,000.00
Paint Shop	115	1930	—	2,000.00	—	—	—	2,000.00
Furnishings — Employees' Building	115	1930	—	11,000.00	—	—	—	11,000.00
Furnishings — Officer's Cottage	115	1930	—	1,500.00	—	—	—	1,500.00
Power Equipment	386	1930	—	9,000.00	—	—	—	9,000.00
Employees' Building	146	1929	110,000.00	—	—	—	—	—
Salvage Yard	115	1930	—	82,500.00	—	189,117.81	189,117.81	3,382.19
Officer's Cottage	146	1929	3,000.00	—	—	1,882.54	1,882.54	1,117.46
Alterations — Boiler House	146	1929	6,000.00	—	778.08	2,425.26	3,203.34	2,796.66
Renovation of Wards C and D	127	1928	18,000.00	—	16,623.95	1,253.20	17,877.15	122.85
	138	1927	7,500.00	—	—	—	—	—
	127	1928	17,500.00	—	15,873.84	9,014.05	24,887.89	112.11

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings.—Continued.

INSTITUTIONS AND TITLE	APPROPRIATION				Indebtedness Previously Incurred	Indebtedness Incurred in 1930	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
<i>Gardner State Colony</i>								
Building for Printing	115	1930	—	10,000.00	—	1,080.11	1,080.11	8,919.89
Employees' Cottage	115	1930	—	12,000.00	—	11,407.64	11,407.64	592.36
Two Cottages for Officers	115	1930	—	10,000.00	—	9,733.65	9,733.65	266.35
Hospital Building	115	1930	—	150,000.00	—	147,780.08	147,780.08	2,219.92
Fire Alarm System	115	1930	—	5,000.00	—	4,854.20	4,854.20	145.80
Cow Barn	115	1930	—	10,000.00	—	—	—	10,000.00
Dairy Building Purposes	146	1929	3,000.00	—	2,991.90	2,991.90	8.10	8.10
Building for Semi-Disturbed Men	146	1929	150,000.00	—	149,679.78	68.48	149,748.26	251.74
Coal Trestle and Side Tract	127	1928	10,700.00	—	173.99	173.99	10,526.01	10,526.01
Officer's Cottage	127	1928	10,000.00	—	9,994.35	—	9,994.35	5.65
Repairing Road — Westminster	127	1928	1,000.00	—	968.10	—	968.10	31.90
Additional Water Supply	126	1924	35,000.00	—	41,663.13	—	41,663.13	336.87
	398	1926	7,000.00	—	—	—	—	—
	138	1927	4,000.00	—	14,985.48	—	14,985.48	14.52
	127	1928	11,000.00	—	—	—	—	—
<i>Grafton State Hospital</i>								
Chapel and Recreation Building	115	1930	—	80,000.00	—	73,270.95	73,270.95	6,729.05
Horse Barn	115	1930	—	8,000.00	—	6,739.97	6,739.97	1,260.03
Purchase of Certain Land	115	1930	—	600.00	—	35.00	35.00	565.00
Power Equipment	386	1929	4,500.00	—	—	—	—	—
	426	1930	—	2,700.00	4,500.00	1,225.58	5,725.58	1,474.42
Sun Porch — Pines D	146	1929	10,000.00	—	8,975.61	—	8,975.61	1,024.39
Purchase of Land	146	1929	5,700.00	—	5,356.48	—	5,356.48	343.52
Sedation Suite — Pines D	127	1928	6,800.00	—	2,947.79	3,664.21	6,612.00	188.00
Remodeling Certain Buildings	138	1927	3,500.00	—	—	—	—	—
	127	1928	3,500.00	—	6,983.09	.39	6,983.48	16.52
Additional Sewer Beds	138	1927	3,500.00	—	—	—	—	—
	127	1928	7,300.00	—	7,349.10	4,198.52	11,547.62	2,252.38
	115	1930	—	3,000.00	—	—	—	—
<i>Medfield State Hospital</i>								
Renovation of Bath Facilities	115	1930	—	10,000.00	—	4,087.46	4,087.46	5,912.54
Officers' Cottages	115	1930	—	12,000.00	—	7,689.77	7,689.77	4,310.23
Completion of Piggery	115	1930	—	3,000.00	—	1,508.09	1,508.09	1,491.91
Additional Water Supply	127	1928	8,000.00	—	—	—	—	—
	146	1929	40,000.00	—	4,796.64	8,117.65	12,914.29	35,085.71
Renovation of Baths and Toilets	386	1927	10,000.00	—	18,433.13	1,560.49	19,993.62	6.38
	138	1927	10,000.00	—	—	—	—	—
	127	1928	10,000.00	—	—	—	—	—

Metropolitan State Hospital

Northampton State Hospital

Power Equipment	115	1,125,000.00	740,000.00	3,684,998.10	619,885.11	4,304,883.21	560,116.79
Ward Building	146	1,500,000.00	8,500.00	—	—	—	8,500.00
Recreation Pavilion	115	—	185,000.00	—	177,928.91	177,928.91	7,071.09
Additional Land	115	—	10,000.00	—	2,734.78	2,734.78	7,265.22
Furnishing Nurses' Home	146	10,000.00	75,000.00	—	10,343.75	10,343.75	64,656.25
Superintendent's House	146	22,500.00	—	9,868.14	9,868.14	9,868.14	131.86
Ward Building	138	103,500.00	—	—	49.79	49.79	22,450.21
	127	78,500.00	—	181,981.46	—	181,981.46	18.54
Officer's Cottage	115	—	6,000.00	—	—	—	6,000.00
Superintendent's House	115	—	21,000.00	—	—	—	21,000.00
Remodeling Certain Spaces	115	—	6,400.00	—	—	—	6,400.00
Garages	115	—	3,000.00	—	2,778.67	2,778.67	221.35
Kitchen and Cafeteria Equipment	146	15,000.00	—	—	—	—	—
Certain Land	115	4,000.00	10,000.00	9,487.15	13,217.59	22,704.74	2,295.26
Completion of Storehouse	127	38,000.00	—	3,294.37	701.27	3,995.64	4.36
Bakeshop — Dining Halls, etc.	138	7,000.00	—	44,990.69	.77	44,991.46	8.54
	127	32,000.00	—	—	—	—	—
	127	113,000.00	—	—	—	—	—
	146	140,000.00	—	280,954.27	3,638.69	284,592.96	407.04
Remodeling Farm Colony	115	—	105,000.00	—	9.00	9.00	104,991.00
Garage	115	—	5,000.00	—	3,265.90	3,265.90	1,734.10
Pumping Equipment	115	—	22,000.00	—	27.35	27.35	21,972.65
Renovation of Warren House	115	—	12,000.00	—	10,324.80	10,324.80	1,475.11
Renovation of Houghton House	115	—	4,000.00	—	3,616.50	3,616.50	383.50
Addition to Codman Building	146	37,000.00	—	33,936.20	2,926.55	36,862.75	137.25
Salvage Yard	127	3,000.00	—	1,785.01	1,214.99	3,000.00	—
Improvements Heating System	115	—	10,000.00	—	9,982.50	9,982.50	17.50
New Boiler	115	—	13,500.00	—	5,604.00	5,604.00	7,896.00
Officers' Cottages (1929)	146	12,000.00	—	1,193.17	1,193.17	1,193.17	10,806.83
Cow and Hay Barn	146	30,000.00	—	3,179.56	26,299.41	29,478.97	521.03
Officers' Cottages (1928)	127	12,000.00	—	11,993.89	—	11,993.89	6.11
Reception Building	115	—	100,000.00	—	66,935.39	66,935.39	33,064.61
Female Nurses' Home	115	—	60,000.00	—	44,814.50	44,814.50	15,185.50
Garage	115	—	5,000.00	—	—	—	5,000.00
Officer's Cottage	115	—	6,000.00	—	4,926.25	4,926.25	1,073.75
Piggery	115	—	5,000.00	—	2,293.07	2,293.07	2,706.93
Shop for Carpenters	115	—	10,000.00	—	—	—	10,000.00
Additional Water Supply	115	—	8,500.00	—	6.81	6.81	8,493.19

Westborough State Hospital

Worcester State Hospital

Remodeling Farm Colony	115	—	105,000.00	—	9.00	9.00	104,991.00
Garage	115	—	5,000.00	—	3,265.90	3,265.90	1,734.10
Pumping Equipment	115	—	22,000.00	—	27.35	27.35	21,972.65
Renovation of Warren House	115	—	12,000.00	—	10,324.80	10,324.80	1,475.11
Renovation of Houghton House	115	—	4,000.00	—	3,616.50	3,616.50	383.50
Addition to Codman Building	146	37,000.00	—	33,936.20	2,926.55	36,862.75	137.25
Salvage Yard	127	3,000.00	—	1,785.01	1,214.99	3,000.00	—
Improvements Heating System	115	—	10,000.00	—	9,982.50	9,982.50	17.50
New Boiler	115	—	13,500.00	—	5,604.00	5,604.00	7,896.00
Officers' Cottages (1929)	146	12,000.00	—	1,193.17	1,193.17	1,193.17	10,806.83
Cow and Hay Barn	146	30,000.00	—	3,179.56	26,299.41	29,478.97	521.03
Officers' Cottages (1928)	127	12,000.00	—	11,993.89	—	11,993.89	6.11
Reception Building	115	—	100,000.00	—	66,935.39	66,935.39	33,064.61
Female Nurses' Home	115	—	60,000.00	—	44,814.50	44,814.50	15,185.50
Garage	115	—	5,000.00	—	—	—	5,000.00
Officer's Cottage	115	—	6,000.00	—	4,926.25	4,926.25	1,073.75
Piggery	115	—	5,000.00	—	2,293.07	2,293.07	2,706.93
Shop for Carpenters	115	—	10,000.00	—	—	—	10,000.00
Additional Water Supply	115	—	8,500.00	—	6.81	6.81	8,493.19

TABLE 7. — *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Concluded.*

INSTITUTIONS AND TITLE	APPROPRIATION				Indebtedness Previously Incurred	Indebtedness Incurred in 1930	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Year	Amount Current Year				
Hay Barn	146	1929	\$8,000.00	—	\$5,430.53	\$1,923.41	\$7,353.94	\$646.06
Furnishing Male Attendants' Home	146	1929	6,800.00	—	2,700.00	4,095.46	6,795.46	4.54
Addition to Male and Female Buildings	146	1929	35,000.00	—	2,411.13	31,964.39	34,375.52	624.48
Furnishing Children's Building	146	1929	9,400.00	—	83.00	8,571.46	8,654.46	745.54
Children's Building	127	1928	115,000.00	—	113,775.52	—	113,775.52	1,224.48
Male Employees' Home	138	1927	93,750.00	—	102,813.32	2,158.04	104,971.36	778.64
127	1928	12,000.00	—	—	—	—	—	—
Total			\$5,848,850.00	\$2,683,600.00	\$5,227,963.73	\$2,051,682.33	\$7,279,646.06	\$1,252,803.94
SCHOOLS FOR MENTAL DEFECTIVES								
Belchertown State School								
Boys' Dormitory	115	1930	—	\$100,000.00	—	\$90,666.17	\$90,666.17	\$9,333.83
Industrial Building	115	1930	—	50,000.00	—	49,958.86	49,958.86	41.14
Nursery Building	115	1930	—	59,000.00	—	57,621.27	57,621.27	1,378.73
Building for Mechanical Work	115	1930	—	10,000.00	—	—	—	10,000.00
Employees' Cottage No. 6	115	1930	—	30,000.00	—	29,876.68	29,876.68	123.32
Purchase of Land	115	1930	—	4,900.00	—	4,584.25	4,584.25	315.75
New Boiler	115	1930	—	13,000.00	—	—	—	13,000.00
Furnishing Hospital Building	115	1930	—	19,500.00	—	14,084.67	14,084.67	5,415.33
Greenhouse	115	1930	—	1,500.00	—	559.76	559.76	940.24
Tunnels	386	1929	\$12,000.00	—	—	—	—	—
Water and Sewerage System	115	1929	23,000.00	13,000.00	\$1,424.32	23,158.53	24,582.85	417.15
Hospital Building	115	1930	—	15,000.00	—	—	—	—
Furnishing and Equipping Dairy	146	1929	105,000.00	—	14,728.98	22,352.71	37,081.69	918.31
Remodeling Home — Town Farm	146	1929	2,190.00	—	103,366.11	1,352.23	104,718.34	281.66
Furnishing Schoolhouse	146	1929	25,000.00	—	1,564.78	581.05	2,145.83	44.17
Furnishing Schoolhouse	146	1929	2,800.00	—	14,111.02	10,105.43	24,216.45	783.55
Furnishing Employees' Cottage No. 5	426	1930	—	2,900.00	—	—	—	—
Walks	146	1929	2,500.00	—	2,295.84	3,329.42	5,625.26	74.74
138	1927	1,000.00	—	—	2,474.57	24.53	2,499.10	.90
127	1928	1,000.00	—	—	—	—	—	—
146	1929	2,000.00	—	—	—	—	—	—
115	1930	2,000.00	—	—	—	—	—	—
Town Farm Property	138	1927	—	2,000.00	3,988.50	1,786.38	5,774.88	225.12
405	1928	8,500.00	—	—	8,493.69	—	8,493.69	6.31
Furnishing Administration Building	127	1928	5,000.00	—	4,997.34	—	4,997.34	2.66
Schoolhouse and Gymnasium	127	1928	85,000.00	—	84,978.24	20.82	84,999.06	.94
Fruit and Vegetable Cellar	127	1928	3,500.00	—	3,494.61	—	3,494.61	5.39

Girls' Dormitory	127	1928 }	113,650.00	—	112,193.57	1,441.37	113,634.94	15.06
Employees' Cottage	405	1928 }	27,500.00	—	27,395.80	100.61	27,496.41	3.59
Walter E. Fernald State School	127	1928 }						
Kitchen and Dining Room	115	1930	—	150,000.00	—	131,530.68	131,530.68	18,469.32
Employees' Quarters	115	1930	—	40,000.00	—	3,963.12	3,963.12	40,000.00
Building for Mechanical Work	115	1930	—	10,000.00	—	9,196.86	9,196.86	6,036.88
Equipment for Storehouse	115	1930	—	10,000.00	—	—	—	803.14
Power Equipment	115	1930 }	—	21,000.00	—	20,785.56	20,785.56	214.44
Purchase of Certain Land	426	1930	—	25,500.00	—	25,049.64	25,049.64	450.36
Laundry Machinery	115	1930	—	10,000.00	—	—	—	10,000.00
Hot Water Lines	115	1930	12,500.00	—	—	1,266.84	1,266.84	11,233.16
Storehouse and Refrigeration	146	1929	80,000.00	—	78,886.59	1,091.29	79,977.88	22.12
Garage	146	1929	7,500.00	—	2,517.23	4,006.60	6,523.83	107.16
Equipment for Schoolroom	146	1929	1,500.00	—	1,351.24	—	1,392.64	97.37
Additional Laundry Machinery	146	1929	9,210.00	—	9,158.63	41.40	9,158.63	51.37
Certain Land	127	1928	15,500.00	—	15,086.30	—	15,086.30	413.70
Addition to Schoolhouse	127	1928	25,000.00	—	24,773.56	—	24,773.56	226.44
Electric Light and Power — Templeton	127	1928	13,000.00	—	12,997.50	—	12,997.50	2.50
Side Track	50	1918	25,000.00	—	22,000.00	—	22,000.00	3,000.00
Certain Land	79	1926 }	10,500.00	—	10,000.00	—	10,000.00	500.00
Wrentham State School	398	1926 }						
Children's Clinical Building	115	1930	—	57,000.00	—	2,311.09	2,311.09	54,688.91
Nursery Building — 1930	115	1930	—	50,000.00	—	48,886.30	48,886.30	1,113.70
Remodeling Service Building	115	1930	—	40,000.00	—	37,576.09	37,576.09	2,423.91
Purchase of Land	115	1930	—	10,000.00	—	—	—	10,000.00
Furnishings for 1929 Nursery Building	115	1930	—	6,000.00	—	5,968.43	5,968.43	31.57
Piggery	115	1930	—	4,000.00	—	—	—	4,000.00
Repairs to Officer's Cottage	386	1929	4,000.00	—	3,842.79	116.76	3,959.55	40.45
Power Equipment	386	1929	20,000.00	—	—	—	—	20,000.00
Furnishing Contagious Hospital	146	1929	5,600.00	—	1,004.20	4,012.29	5,016.49	583.51
Addition to Dormitory K	146	1929	9,500.00	—	3,408.67	5,266.36	8,675.03	824.97
Furnishing Nursery Building — 1928	146	1929	6,000.00	—	5,832.51	164.77	5,997.28	2.72
Nursery Building 1929	146	1929	50,000.00	—	49,339.17	—	49,339.17	660.83
Garage	146	1929	5,000.00	—	1,371.45	3,558.70	4,930.15	69.85
Resetting Boilers	127	1928 }	—	—	—	—	—	—
Nursery Building — 1928	146	1929	12,500.00	—	12,126.07	92.54	12,218.61	281.39
Purchase of Silo	127	1928	50,000.00	—	49,785.65	213.52	49,999.17	.83
Remodeling Home — Contagious Hospital	127	1928	1,000.00	—	972.64	25.48	998.12	1.88
New School for Feeble-minded	127	1928	10,000.00	—	9,727.10	225.47	9,952.57	47.43
Purchase of Land	115	1930	—	50,000.00	—	—	—	50,000.00
Total			\$792,950.00	\$804,300.00	\$699,688.67	\$616,954.53	\$1,316,643.20	\$280,606.80
Grand Total			\$6,641,800.00	\$3,487,900.00	\$5,927,652.40	-\$2,668,636.86	\$8,596,289.26	\$1,533,410.74

TABLE 8. — *Receipts from Paying Patients — By Institution.*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	—	\$1,464.58	—
Boston State Hospital	303	103,657.25	\$342.10
Danvers State Hospital	384	144,108.29	375.28
Foxborough State Hospital	140	57,830.74	413.08
Gardner State Colony	82	40,287.11	491.31
Grafton State Hospital	52	25,038.29	481.51
Medfield State Hospital	98	39,558.62	403.66
Metropolitan State Hospital	—	—	—
Northampton State Hospital	304	113,706.44	374.03
Taunton State Hospital	182	76,457.94	420.10
Westborough State Hospital	420	165,882.20	394.96
Worcester State Hospital	244	103,502.14	424.19
Monson State Hospital (epileptic)	84	23,378.02	278.31
Total	2,293	\$894,871.62	\$390.26
<i>Schools for Mental Defectives:</i>			
Belchertown State School	33	\$7,408.65	\$224.51
Walter E. Fernald State School	90	23,714.83	263.50
Wrentham State School	63	13,438.93	213.32
Total	186	\$44,562.41	\$239.58
Family Care	1	\$168.25	\$168.25
State Farm*	1	2,817.57	2,817.57
State Infirmary*	17	4,981.94	293.06
Hospital Cottages for Children*	—	123.30	—
Total	19	\$8,091.06	\$425.85
Grant Total	2,498	\$947,525.09	\$379.32

*The State Farm which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects, under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear in Table No. 4.

TABLE 9. — *Trust Funds — By Institution.*

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand Dec. 1, 1929	Received during Year	Payments	On Hand Nov. 30, 1930
<i>Hospitals for Mental Diseases</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$411.93	\$3.25	\$10.00	\$405.18
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,020.36	251.72	62.96	1,209.12
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,411.36	175.78	—	4,587.14
Worcester State Hospital	10,237.64	463.15	619.53	10,081.26
Monson State Hospital (epileptic)	—	—	—	—
Total	\$16,081.29	\$893.90	\$692.49	\$16,282.70
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$68,160.21	\$6,239.00	\$3,727.36	\$70,671.85
Wrentham State School	1,609.65	111.02	159.22	1,561.45
Total	\$69,769.86	\$6,350.02	\$3,886.58	\$72,233.30
Grand Total	\$85,851.15	\$7,243.92	\$4,579.07	\$88,516.00

TABLE 10. Value of Farm and Garden Products per Acre under Cultivation — By Institution.

INSTITUTION	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage Corn	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	—	\$9,907.18	\$180.95	82.35	\$1,679.00	—	—	—	—
Boston State Hospital	54.75	26,888.32	271.59	109.00	6,310.43	\$20.38	—	—	—
Danvers State Hospital	99.00	12,701.68	270.24	6.00	167.64	57.89	42.00	\$4,297.00	\$102.31
Foxborough State Hospital	47.00	26,668.96	274.93	180.70	4,043.60	22.37	7.00	450.00	64.28
Gardner State Colony	97.00	19,741.17	283.84	91.00	4,372.86	48.05	37.00	2,340.00	63.24
Grafton State Hospital	69.55	20,877.65	326.21	108.50	3,813.60	35.14	32.00	2,268.53	70.89
Medfield State Hospital	64.00	5,322.44	266.12	10.00	276.00	27.60	33.00	3,584.00	108.60
Metropolitan State Hospital	20.00	13,370.37	334.25	92.00	7,414.01	80.58	—	—	—
Northampton State Hospital	40.00	13,600.67	276.67	55.00	1,848.00	33.60	30.00	3,589.63	107.88
Taunton State Hospital	60.00	16,740.05	304.36	123.00	5,123.40	41.65	26.00	1,925.00	74.03
Westborough State Hospital	55.00	29,600.76	394.67	26.00	812.00	31.23	35.00	3,582.60	102.36
Worcester State Hospital	75.00	11,299.78	198.24	33.00	2,521.08	76.69	40.00	3,412.50	85.31
Monson State Hospital (epileptic)	57.00	—	—	—	—	—	20.00	2,741.92	137.09
Total	738.30	\$206,719.03	\$279.99	916.55	\$38,381.62	\$41.87	302.00	\$28,191.18	\$93.34
<i>Schools for Mental Defectives:</i>									
Belchertown State School	60.00	\$19,107.76	\$318.46	6.00	\$307.49	\$51.24	25.00	\$2,649.20	\$105.28
Walter E. Fernald State School	95.00	44,448.51	467.88	97.50	3,376.89	34.63	5.00	595.56	119.11
Wrentham State School	79.00	17,950.16	227.21	39.00	1,475.81	37.84	27.00	1,861.72	68.95
Total	234.00	\$81,506.43	\$348.31	142.50	\$5,160.19	\$36.21	57.00	\$5,106.48	\$89.58
Grand Total	972.30	\$288,225.46	\$296.43	1,059.05	\$43,541.81	\$41.11	359.00	\$33,297.66	\$92.75

TABLE 11. — *Value of Farm Products — By Institution.*

INSTITUTION	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	—	—	\$14.88	\$1,701.75	—	—	—	\$7,802.40	—	\$19,426.21
Boston State Hospital	\$9,907.18	\$6,095.65	1,007.18	11,848.03	\$1,770.70	\$5,389.24	\$3,816.98	9,061.65	\$1,740.04	101,158.14
Danvers State Hospital	20,428.67	4,113.33	1,328.67	617.64	13,077.30	3,205.53	1,935.99	5,341.26	799.18	39,007.25
Foxborough State Hospital	8,888.35	8,374.53	2,402.62	7,812.50	33,415.56	5,584.87	2,230.69	6,775.05	1,007.46	85,673.71
Gardner State Colony	18,070.43	8,356.77	5,120.12	8,259.14	36,031.70	4,530.67	1,943.12	9,356.10	1,754.94	85,151.35
Gratton State Hospital	13,558.79	4,578.89	4,091.79	7,695.44	37,216.70	4,704.54	2,287.65	7,125.75	1,021.67	85,021.19
Medfield State Hospital	16,298.76	—	58.46	276.00	—	—	—	—	—	5,656.90
Metropolitan State Hospital	5,322.44	1,093.94	3,345.26	11,003.17	30,857.52	5,188.04	2,309.83	8,819.85	1,161.73	76,255.77
Northampton State Hospital	12,276.43	3,251.04	2,827.11	5,917.23	25,672.65	4,662.50	2,036.11	6,918.61	1,041.43	62,203.44
Taunton State Hospital	9,876.76	3,498.87	2,617.69	9,102.70	30,677.30	—	—	8,407.80	1,408.47	68,675.81
Westborough State Hospital	12,962.98	3,045.38	622.75	6,946.62	42,576.14	—	—	6,145.95	681.46	85,949.68
Worcester State Hospital	23,931.38	3,883.07	2,291.18	5,295.13	28,122.19	—	—	4,726.01	704.07	52,438.36
Monson State Hospital (epileptic)	7,416.71	—	—	—	—	—	—	—	—	—
Total	\$158,638.88	\$44,531.47	\$25,927.71	\$76,475.35	\$319,417.76	\$33,265.39	\$16,560.37	\$80,480.43	\$11,320.45	\$766,617.81
<i>Schools for Mental Defectives:</i>										
Belchertown State School	\$15,281.71	\$3,560.28	\$1,626.47	\$3,222.46	\$26,051.81	\$7,458.27	\$3,168.12	\$3,740.78	\$408.06	\$64,517.96
Walter E. Fernald State School	36,732.80	7,577.46	7,422.88	4,244.68	29,766.51	—	1,351.80	1,351.80	990.34	98,086.47
Wrentham State School	12,856.75	4,915.76	2,627.83	3,997.94	29,148.30	7,515.01	3,929.89	5,847.60	551.20	71,390.28
Total	\$64,871.26	\$16,053.50	\$11,677.18	\$11,465.08	\$94,966.62	\$14,973.28	\$7,098.01	\$10,940.18	\$1,949.60	\$233,994.71
Grand Total	\$223,510.14	\$60,584.97	\$37,604.89	\$87,940.43	\$414,384.38	\$48,238.67	\$23,658.38	\$91,420.61	\$13,270.05	\$1,000,612.52

REPORT OF THE PATHOLOGIST.

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-second report of the Pathologist and the twenty-first to cover a full year's work.

GENERAL.

The pathological interest of the hospitals of the Department for the fiscal year of 1930 compares favorably with that of previous years. The trend at present appears to be toward clinical pathology, chemistry, and endocrine studies rather than pathology in the narrower sense, *i.e.*, gross and histological examination of the various tissues of the body. The customary activity of the writer has been the investigation of sudden deaths, and the number of autopsies to be performed in the hospitals having no pathologist has not decreased — the consequent microscopic study of the tissues has consumed much time.

Some changes in personnel of the different laboratories have occurred. The interests of the different hospital pathologists vary widely. Danvers, which has been without a pathologist for some time, has the services of Dr. Anna Allen, who obtained her training at the Royal College of Surgeons in Dublin, Ireland. She has been on the clinical staff for one month and is to be appointed at the beginning of the new fiscal year to the position of Pathologist.

Dr. Vicente Navarro, who has been a member of the staff of the Medfield State Hospital since December 13, 1926, is observing laboratory methods in different hospitals in preparation for eventually filling the position of Pathologist at Medfield.

Dr. David Rothschild continues his interest at Foxborough in the Histopathology of the Nervous System.

Dr. Vladimir T. Dimitroff came to the Worcester State Hospital April 15, 1930, as Pathologist. His particular problem at present is a biological study of the blood of dementia praecox patients. This fits in with the chief research problem at Worcester, *viz.*, an exhaustive study of dementia praecox approached from several different angles.

At Monson Dr. P. I. Yakovlev continues as Pathologist. Here a study of Epilepsy is being made with particular investigation of the circulatory system and blood volume.

The Westborough hospital combines the duties of the Pathologist with those of Roentgenologist, and Dr. Lydia B. Pierce continues to fill these positions.

Dr. Naomi Raskin at the Boston hospital is particularly interested in the sympathetic nervous system and its relationship to mental disease.

The Taunton State Hospital has been without the services of a resident pathologist since July, 1929, but maintains an active interest in autopsy findings as evidenced in the percentage for this year. It compares favorably with that of the other institutions. Because of the general scarcity of neuropathologists, it has been difficult to find a suitable man for this position.

ROUTINE OF THE PATHOLOGICAL SERVICE.

Autopsies.

Since the establishment of the pathological service July 1, 1914, to November 30, 1930, 2,621 autopsies have been performed. These have been typed and bound up to October 15, 1929, leaving 175 in the files.

During the year ending November 30, 1930, 147 autopsies were performed. Forty-nine (49) of these were at one of the hospitals which is without a pathologist.

The following table shows the number of autopsies performed in the different institutions by the pathological service of the Department (and exclusive of autopsies performed by the staffs of the institutions).

Taunton State Hospital	49	Medfield State Hospital	5
Danvers State Hospital	30	Westborough State Hospital	5
Boston State Hospital	16	Worcester State Hospital	4
Boston Psychopathic Hospital	16	Northampton State Hospital	3
Foxborough State Hospital	7	Wrentham State Hospital	1
Walter E. Fernald State School	5	Miscellaneous	1
Gardner State Colony	5		
		Total	147

In addition to the 147 autopsies bodies were viewed in the various institutions. These were not autopsied by us, but in some cases medical examiners performed autopsies.

Table Showing Proportion of Autopsies to Deaths in Institutions.

	Total Number of deaths for year	Total Number of autopsies	Per Cent
Boston State Hospital	250	134	54
Boston Psychopathic Hospital	30	16	53
Foxborough State Hospital	71	37	52
Taunton State Hospital	160	51	41
Worcester State Hospital	215	76	36
Walter E. Fernald State School	16	5	31
Monson State Hospital	75	18	24
Danvers State Hospital	267	58	22
Westborough State Hospital	123	27	22
Medfield State Hospital	96	17	18
State Infirmary, Mental Wards	49	8	16
Gardner State Colony	108	16	15
Northampton State Hospital	179	9	5
Wrentham State School	29	1	4
Belchertown State School	5	0	0
Grafton State Hospital	51	0	0
Hospital Cottages for Children	2	0	0
Total	1,726	473	27
Total number of deaths in State Hospitals in Massachusetts in 1930, fiscal year			1,726
Total number of autopsies performed (27%)			473
(a) By laboratories independent of Department			327
(b) Department			146

Sudden Deaths.

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1930:

Sudden deaths reported to Department	170
Number autopsied	66
Number autopsied by service	51

Analysis of the autopsied sudden death cases in 1930.

Acute infection	16	Malignant tumors	2
Arteriosclerosis or coronary	12	Miscellaneous	1
Alcohol	1	Nephritis	1
Asphyxia from food	3	Organic heart disease	8
Cerebral hemorrhage	5	Pulmonary embolism or thrombosis	1
Complicated by fractures	11	Rupture of aneurysm	1
Fractures	6	Suicide	1
General paresis or tabes	5	Tuberculosis	2
Heat prostration	1	Violence — external	1

The sudden deaths in the State Hospitals in seventeen years are herewith presented (either autopsied or non-autopsied): —

YEAR	DEATHS	YEAR	DEATHS	YEAR	DEATHS	YEAR	DEATHS
1914	69	1919	77	1923	122	1927	126
1915	85	1920	84	1924	121	1928	177
1916	74	1921	87	1925	129	1929	148
1917	83	1922	89	1926	136	1930	170
1918	117						

a total of 1,894 of which there have been 856 autopsied or 45%.

Analysis of Autopsies of Sudden Death Cases.

One hundred and seventy sudden deaths were reported to the Department in 1930; the largest number except that of 1928 since the establishment of the pathological service.

The number of cases due to acute infection is as always fairly high. The most unusual finding this year is that five of the 51 autopsied cases died of cerebral hemorrhage, nearly 10 per cent, where as in autopsy statistics in general the percentage is slightly under three.

Suicides in State Hospitals.

YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES
1914	9	1919	13	1923	14	1927	19
1915	6	1920	13	1924	10	1928	19
1916	9	1921	12	1925	15	1929	13
1917	12	1922	10	1926	14	1930	13
1918	18						

Analysis of Suicides Autopsied and Non-Autopsied.

Analysis of the suicides during 1930 shows no unusual features. There were 7 men and 6 women, 8 of them between 40 and 50 years of age. Various types of psychoses were represented — three manic depressives, three cases of dementia

praecox, two involutional psychoses, one taboparetic, one mentally deficient, one senile, one traumatic psychosis and one due to drugs. Nine were due to asphyxia from suspension.

Casualties.

The number of casualties has increased a great deal in the past two years. It has been general throughout the different institutions, but especially marked is the increase in the hospitals for veterans. The greatest change at these institutions is in the less severe injuries. One cannot but be convinced that the personal element enters largely into the reporting or not reporting of minor injuries.

The elaborate form to be filled out in cases of accident seems to the writer to serve a useful purpose. Any conclusions drawn from numbers of casualties in different institutions as taken from the data available, do not seem justified because of the obvious differences of opinion in the various hospitals in what constitutes a reportable injury.

Casualties in State Hospitals.

YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES
1914.	346	1919	208	1923	292	1927	314
1915.	320	1920	240	1924	297	1928	387
1916.	304	1921	257	1925	275	1929	503
1917.	237	1922	258	1926	351	1930	557
1918.	221						

TABLE A. — *Casualties arranged by Institutions.*

	Males	Females	Total Patients	Total Accidents	Total Injuries
U. S. Veterans' Hospitals	91	—	91	118 ^{1, 2, 3, 4}	132
Northampton State Hospital	22	26	48	52 ^{5, 6, 7}	77
Walter E. Fernald State School	48	13	61	66 ⁸	70
Danvers State Hospital	21	18	39	39	55
Foxborough State Hospital	27	12	39	41 ^{9, 7}	52
Taunton State Hospital	15	21	36	36 ¹⁰	50
Monson State Hospital	18	12	30	31 ⁶	36
Medfield State Hospital	9	12	21	22 ⁶	36
Boston State Hospital	11	14	25	25	34
Worcester State Hospital	16	14	30	30 ⁷	33
Westborough State Hospital	6	12	18	18	24
Gardner State Colony	8	10	18	18	21
Wrentham State School	11	8	19	19	21
Belchertown State School	12	2	14	14	21
Grafton State Hospital	7	6	13	13	15
Boston Psychopathic Hospital	4	1	5	5	14
McLean Hospital	2	2	4	4	6
State Infirmary, Mental Wards	1	3	4	4	6
Hospital Cottages for Children	1	—	1	1	1
Wiswall Sanatorium	—	1	1	1	1
Totals	330	187	517	557	705

¹Five accidents to one patient.

²Two accidents to ten patients.

³Three accidents to two patients.

⁴Four accidents to three patients.

⁵Four accidents to one patient.

⁶Two accidents to one patient.

⁷Accident prior to admission.

⁸Two accidents to five patients.

⁹Two accidents to two patients.

¹⁰Ten accidents prior to admission.

TABLE B. — *Casualties arranged by Institutions and Severity of Injury.*

	Fractures	Disloca- tions	Gun- shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	8	2	—	—	10	4
Boston Hospital	26	1	—	1	28	6
Danvers Hospital	39	1	—	3	43	12
Northampton Hospital	38	1	—	2	41	36
Taunton Hospital	28	1	1	2	32	18
Westborough Hospital	23	—	—	1	24	—
Worcester Hospital	28	—	—	3	31	2
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	8	2	—	1	11	4
Medfield Hospital	14	1	—	2	17	19
Gardner Colony	15	2	—	1	18	3
Foxborough Hospital	30	—	—	1	31	21
State Infirmary, Mental Wards	5	—	—	—	5	1
<i>Institutions for the Feeble-Minded</i>						
Belchertown School	17	2	—	—	19	2
Walter E. Fernald School	17	4	—	5	26	44
Wrentham School	8	—	—	2	10	11
<i>Special Public Institution</i>						
Monson Hospital	22	—	—	4	26	10
<i>Special Private Institutions</i>						
McLean Hospital	5	—	—	—	5	1
Wiswall Sanatorium	1	—	—	—	1	—
Hospital Cottages for Children	1	—	—	—	1	—
<i>Special Institutions</i>						
U. S. Veterans' Hospitals.	21	1	—	3	25	107
	354	18	1	31	404	301

INVESTIGATIONS.

The very frequent finding of deposits of amyloid in the body organs of patients with mongolian idiocy has stimulated the writer to make a review microscopically of the tissues from all the mongolian cases that have come to autopsy since the establishment of the pathological service of the Department. In most cases there are pieces of tissue still available.

Amyloid does not occur as commonly nowadays as it formerly did, but when found, is associated with chronic suppurative diseases. Since one of the commonest disease of this sort, tuberculosis, is not always found in mongolism even where amyloid is present this investigation promises to be interesting.

One case of porencephaly in which the brain lacked a large part of both temporal lobes is being studied in detail. This will eventually be published by Dr. K. Löwenberg of the State Psychopathic Hospital of Ann Arbor, and the writer with a group of other cases of porencephaly.

No epidemics of any sort requiring investigation have been reported to the Department's pathologist by any of the state institutions.

The following table shows the routine work of the investigative staff of the Department.

Visits to institutions	215
Autopsies in cases of sudden deaths	51
Severe injuries in institutions	404
Less severe injuries	301
Total injuries	705
Publications by state officers	36

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Respectfully submitted,

MARJORIE FULSTOW, M. D.,
Assistant Pathologist.

REPORT OF THE SOCIAL SERVICE DIVISION.

To the Commissioner of the Department of Mental Diseases:

In the main the work of the Social Service Division has moved along the same general lines that have been described in previous reports. Developments have been noted principally in the increased number of social workers for different parts of the service and in a wider scope of activities in connection with the hospital social work. The latter refers more particularly to community mental hygiene activities conducted by the State Hospitals.

With the development and extension of mental hygiene clinic work under hospital direction, an increasing number of social workers will be required if both the hospital and the community are to be served in this capacity. Important as mental hygiene activities may be, great care should be taken to avoid the danger of their development at the expense of social work for hospital patients for whom the Social Service was originally established. It is believed to be highly desirable that the quota of social workers for institutions should be arranged with this fact in mind.

There are two outstanding features of the year's work that are believed to be of considerable potential value. Both are new departures which appear to be original with Massachusetts and were attempted with a view to establishing continuous psychiatric social service on a higher level. It is difficult as well as undesirable to predict the future usefulness of either project as no known precedent has been established elsewhere. Both ventures grew out of real needs that appeared to be more or less outstanding and required serious consideration and action.

Previous reports have referred to our difficulties in securing an adequate number of social workers for hospitals. In last year's report mention was made of a plan that was in the process of formation looking toward a course of training in psychiatric social work, the general purpose being to create a source of supply for hospital social service departments. It is a well known fact that many graduate social workers are more actively interested in mental hygiene activities than in institution social work because of the apparent opportunities for progressive psychiatric social work in the community. Attractive as this work may be, the modern state hospital may possess even greater potentialities for the development of community activities in the field of mental hygiene. In any case the hospital social work should not suffer for lack of social workers, hence the idea of a training course.

It is not at all the purpose of the Social Service Division to compete in any way with established schools of social work, but to work out with them a plan for joint theoretical and practical training in order that state hospital needs may be more adequately met. The proposed course may, perhaps, be regarded more as an emergency measure pending the time that schools of social work may be able to supply our needs in this respect.

In order that professional standards might be maintained and that students taking the training course might receive proper recognition in the field of social work, a plan has been arranged with Simmons College School of Social work, whereby our students are to take two courses weekly during the school year. The proposed plan, by no means ideal, is considered by some authorities in the field of social work to be educationally sound. The outline of the plan briefly stated is as follows:

The training course of the Department of Mental Diseases and Simmons College School of Social Work is of nine months' duration beginning September, 1930. Two

days a week are to be devoted to theoretical work at the Simmons School. Students are to be placed, during the training period, in hospital training centers that have been selected on the basis of their qualifications for training in social work.

Maintenance is to be granted but no salaries are to be paid during the training period.

A short period of training in Family Social Work is also required, for which arrangements have been made. Students who satisfactorily complete the course will receive certificates and become eligible for favorable consideration for Class III positions, providing Civil Service approval is granted.

In September, 1930 ten students were selected and placed in the following state hospitals: Boston, Worcester, Taunton, Medfield, Foxborough, and Danvers. The selection of students is based upon educational and personality qualifications. At the time of writing, this work is progressing favorably.

Another interesting feature of the year's work is also of an educational nature, although quite different from the training course. For some time there appears to have been an increasing lack of good team work between Family Welfare Agencies and the psychiatric group, based largely upon misunderstanding of each other's functions and goals. In an attempt to bring about wholesome relationships through better understanding, a series of three conferences was arranged to which General Secretaries of Family Welfare Societies throughout the State were invited. Leading representatives from both Family and psychiatric groups were secured as speakers and discussion leaders. A very fine response was noted in the large attendance and lively discussions which followed the lectures or addresses. Requests for a similar meeting for next year have been received and will be honored. It is believed that this attempt to bring about a better understanding between two large organizations will go far toward more effective and intelligent team work in the field of Social Service. The average attendance at the three conferences was ninety persons.

CONFERENCE WORK.

In accordance with our usual custom, General Conferences of the Department Social Workers have been held monthly during the conference season. At their request, social workers from the United States Veterans' Bureau, New Hampshire, and Rhode Island have been invited to attend the meetings.

In the earlier years of the Social Service Division, General Conferences were devoted mainly to discussion of functions—case work procedures and policies, record writing, etc. Because of the increasing size of the Social Service personnel and the larger and more varied scope of activities, it has become necessary to change the nature of the meetings somewhat, leaving to the smaller group conferences matters which are of particular interest to individual groups.

The General Conference program is as follows:

December, 1929 — Dr. William A. Bryan, Superintendent, Worcester State Hospital. "Social Service in the State Hospital".

January, 1930 — Joint Conference with Family Welfare Society. "Present Day Trends in Family Case Work."

February, 1930 — Joint Conference with Family Welfare Society. Miss Bertha C. Reynolds, Associate Director, Smith College School of Social Work.

March, 1930 — Miss Katherine D. Hardwick, Director Simmons College School of Social Work. "General Social Work."

April, 1930 — Mr. Alfred F. Whitman, Executive Secretary, Children's Aid Society. "Psychiatric Social Worker in Children's Aid Society."

May, 1930 — Reports and Discussions of Social Service Departments. Members of Social Service Division.

June, 1930 — Omitted because of National Conference.

October, 1930 — Discussion of Practical Problems in Social Service Departments. Members of Social Service Division.

November, 1930 — Miss Marion Wyman, Worcester Child Guidance Clinic. "Methods of Cooperative Service."

Attendance record at conferences is excellent.

Four half days each month are devoted to small group conferences for social workers in the state hospitals, Division for the Examination of Prisoners, Division of Mental Hygiene, and Division of Mental Deficiency and state schools. The purpose of these smaller group meetings is directed toward the upbuilding of the social work connected with each section.

SOCIAL SERVICE PERSONNEL.

At the present time there are social workers in all the institutions and divisions.

Institutions.

In fifteen institutions there are 6 Head Social Workers, 13 Social Workers, and 18 Assistant Social Workers, making a total of 37 persons.

Divisions.

Division for the Examination of Prisoners	10
Division of Mental Deficiency	2
Division of Mental Hygiene	4
Total	16

Student Service.

There are six hospital training centers. The students are distributed as follows:

	Smith Students	Department Students
Worcester State Hospital	4	2
Danvers State Hospital	1	2
Foxborough State Hospital	0	2
Medfield State Hospital	0	2
Taunton State Hospital	0	2
Boston State Hospital	0	1

Several part time students (Simmons) have been placed for varying periods at the Boston State Hospital and at the Wrentham and the Walter E. Fernald State Schools.

Total number social workers in Social Service Division.	53
Total number students (9 months or over)	16
Total number of resignations	22
Total number of vacancies	2

GENERAL.

The duties of the central Social Service office are becoming increasingly numerous and varied. The new training course has added greatly to our already full program in that considerable time and effort must needs be expended in organization and the necessary details connected therewith.

An interesting and welcome development of the office is noted in the increasing number of agencies that use it as a consulting center for social problem cases in which mental factors are involved. This is particularly true in cases of mental retardation. From these sources come many of the cases which are taken on by the Department for community supervision on a non-committed basis.

During the past year several persons from other states and a few from other countries have visited the Social Service office with a view to obtaining information relative to the organization, functions and values of social service connected with a State department. This was especially true at the time of the National Conference of Social Work that was held in Boston this year. Several conference guests called at the Social Service office to inspect the Exhibit and to secure information that might be helpful to them in organizing similar departments in their own states.

The Social Service prepared an Exhibit for the use of Conference guests which appeared to interest many visitors. This Exhibit included photographs of state institutions, illustrative case records, state map showing the location of institutions and clinics in the State, charts showing organization scheme and functions, special studies, and personnel.

For the Tercentenary Exposition of State Departments, the Social Service prepared a large and attractive exhibit which was placed with the Department of Mental Diseases at the State Armory. Among other features were a series of large colored charts showing the evolution of the social care of the insane, 1630-1930. A small moving picture exhibit illustrated the activities of the social worker at a state hospital child guidance clinic. A large plasticene map of Massachusetts was very attractively arranged by one of the hospital social service departments showing, among other things, locations of the State House and institutions under the Department of Mental Diseases. There were various other features similar to those prepared for the National Conference guests.

The year closes with the Social Service in good condition. Comparatively few resignations have taken place and there have been no serious interruptions in the service during the year. An excellent spirit of goodwill and team work seems to prevail and there is an apparent desire on the part of our social workers to increase their usefulness and to raise the Social Service to a higher professional level.

This report would be incomplete without an expression of personal appreciation to those who have contributed to the general well-being of the Social Service, particularly to the Commissioner whose sympathetic support has made developments possible.

To hospital officials and members of the Social Service Division much credit is hereby given for their active interest and untiring efforts in upbuilding local departments and in their willingness to cooperate with the central Social Service office in those attempts which are directed toward increased usefulness and higher professional standards.

Respectfully submitted,

HANNAH CURTIS, *Director*.

REPORT OF DIVISION OF MENTAL HYGIENE.

To the Commissioner of the Department of Mental Diseases:

I beg to submit the following report of the activities of the Division of Mental Hygiene from December 1, 1929, to November 30, 1930.

The work of the Division quite naturally divides itself into three distinct groups; clinical, research, and educational. The clinical work has been carried out under the direction of the Director of the Division, who has attempted to meet the psychiatric needs of the State, so far as they are related to medicine, in operating clinics under the immediate supervision of the Director for children with undesirable habits, personality defects and delinquent trends, and co-operating with other agencies, to which the State hospitals make the largest contribution, in the development of similar clinics.

All the clinics reported as being in operation on November 30, 1929, are still functioning and plans including the necessary educational and publicity work have been started and completed during the year for the opening of two new clinics, one in the city of Northampton and the other in the city of Holyoke.

There has been a demand in the western part of the State for such a service for the past three or four years and these clinics will now fulfill that long-felt need, and in conjunction with the clinic in Springfield, which is operated under the direction of Dr. Morgan B. Hodskins, of the Monson State Hospital, will give the inhabitants of the Connecticut valley the type of psychiatric service for the schools and community in general such as it has not had heretofore.

It is the policy of the Commissioner of Mental Diseases and the plan of the Director of the Division of Mental Hygiene to make the State hospitals the center of all psychiatric activities, including the extra-mural clinical work for both children and adults, and to have the Division of Mental Hygiene function only in an advisory capacity, co-operating wherever possible in the organization and development of the work.

It is planned that the clinics in Northampton and Holyoke will soon be operating under the direction of the Northampton State Hospital, which will have the co-operation of Smith College in the psychological and educational aspects of the clinic work. The Department of Psychology, under Professor W. S. Taylor, and

the well-organized educational work, will contribute much to the success of the clinics.

Keeping in mind that the purpose of the clinics is primarily therapeutic rather than research, and that it is their function to serve the community in which they are organized to the fullest extent, all clinics which are operating in centers where psychiatric consultations are not easily available will in the future not only render service to the pre-school child but to children in general up to the fourteenth year. With this idea of broadening the scope of the work, an investigation was made in co-operation with the Superintendent of Schools in Reading, and the principal of the High School to determine the need of psychiatric service for the adolescent. The results of this brief study indicate that there are many problems of a mental nature which are in need of the services of an expert in this field and would be greatly benefitted by the guidance and direction that could be given by such a clinic.

The educational work must necessarily be closely associated with the hospitals and clinics. This works out not only to the advantage of the student but to the State hospital as well. Nothing is more stimulating to a hospital staff than to have about them a few keen, alert, curious individuals of an inquiring type of mind. For that reason, the State hospitals have been utilized as principle centers of instruction in psychiatry for medical students. The State hospitals in Worcester, Boston, Taunton, Danvers, Northampton, and Monson, have all had student internes during the past year. The total number of students receiving training at these institutions was sixty-five.

The utilization of State hospitals as training centers was part of the plan which the Department of Mental Diseases entered into with Tufts Medical School and the Boston Dispensary, and it is now the policy of the Dean of Tufts Medical School to require every man in the fourth year class to have one or more months at one of the State hospitals. In this same connection, and for the purpose of training medical students in the field of psychiatry, the large out-patient department of the Boston Dispensary is being utilized as a center of training. This gives the third and fourth year medical students an unusual opportunity to familiarize themselves with the early symptoms of mental disease and to get first-hand knowledge, which is so important in the understanding of the relationship between disturbed physiological functions and mental symptoms.

There is no greater need in the field of education than that which is being brought about by the co-operative effort between the Department of Mental Diseases and Tufts Medical School, and there is no greater contribution that the Department of Mental Diseases can make from an economic point of view than that of co-operating in the training of medical students so that they will recognize the early signs and symptoms of mental illness at a time when they are amenable to treatment.

Two pieces of clinical research have been carried out in connection with the clinical work. The first was done at the Boston Dispensary under the direction of Dr. Arthur Berk entitled, "A Study of the Parents of Neurotic Children in Fifty Families." These neurotic children had been previously studied and the parents considered as a primary part of the problem, and an effort has been made to draw up some correlation between inherent and acquired neurotic tendencies. This work will be completed and published during the year.

The second study was an effort to differentiate malignant and non-malignant conduct disorders in children of pre-school age with the idea of determining whether we could designate what might be called a "pre-psychotic" group of pre-school children. This work will also be published during the year.

The Director of the Division took an active part in the White House Conference besides making two contributions entitled, "Child Training and Parental Education," and "Medical Attitudes Towards the Sex Education of Childhood." The Director summarized and presented to the Conference a summary of the seventeen contributions that were made to the whole subject of mental development.

The researches of Dr. Abraham Myerson, carried on in association with the Boston State Hospital, have attracted attention throughout the country by virtue of their originality and the promise they make to a better understanding of the

physiology of brain function. They may be summarized as follows:

1. A large amount of work was done on what we have come to call the "dynamics of the brain," meaning, a comparison of the pressures of internal jugular brain, a cerebro-spinal fluid, and the arterial pressure. A good deal of work has also been done on the effect of drugs on these pressures. A paper was read at the American Neurological Association meeting and a complete publication will appear this year.

2. The laboratory has carried out a research on the hemoglobin background and the oxygen capacity, especially on seniles. We have discovered an important deficiency in this respect, and a publication also appeared this year on the subject. A collaborated piece of work was done with the Harvard Fatigue Laboratory on the chemical contents of the brain blood during various conditions of oxygen intake. A paper was published in the American Journal of Physiology on that matter. This paper demonstrated that there was a difference in the hydrogen iron activity in the brain as compared to other organs, and there is no anaerobic activity of the brain, which has been claimed in times past.

3. The laboratory also carried on work with the Harvard Fatigue Laboratory on the effect of exercise on certain types of mental patients. This work is in progress and will be continued for a considerable period of time.

We feel that the laboratory work has been very satisfactory and that we have contributed a great deal to the physiology of the brain and to the physiology of mental diseases.

A summary of the researches under the direction of Dr. Harry C. Solomon is presented as follows:

In the study of neurosyphilis, the use of diathermy in the production of fever was begun. Through the courtesy of the General Electric Company, a new model of diathermy apparatus was loaned for the purpose of this study. By the use of the diathermy current, temperatures may be produced to practically any degree desired. It was found practical to give patients temperatures of from 104 to 106. These treatments can be given daily or at other intervals as desired. The study has not progressed far enough to make it possible to draw any conclusions regarding the value of this method of treatment as compared with fever produced by malaria. However, there is enough experience at hand to indicate that it has a very definite value in the treatment of general paresis, and it seems probable that this method will be used to supplement, if not displace the malarial method. Continuing observations have been made on the results of treatment of various forms of neurosyphilis, especially general paresis, in patients who have started treatment a number of years ago.

Throughout the year, observations have been made on the treatment of epilepsy by dehydration acidosis produced by a ketogenic diet and by chemical means as well as the combination of these methods. There is ample evidence to indicate that by these methods it is possible to markedly decrease the number of convulsions or petit mal attacks. The basis of investigation has been a limited number of patients studied over a period of months.

Studies on the effect of the inhalation of carbon dioxide and other gases and of certain non-volatile anesthetics, in the treatment of stupors have been continued. The problem may be briefly stated as follows. It has been shown and well confirmed, that many stuporous patients can be brought out of a stupor for varying lengths of time by the inhalation of high percentages of carbon dioxide, and in some cases by the intravenous injection of non-volatile anesthetics. The problem is to try to determine the way in which this is accomplished. In the first place, we have evidence that psychological effect of the procedure is not the major cause of the effect produced. We believe that we have made a good deal of progress in running down some of the factors, but are not in a position at the present time to make any statement for publication.

The work is being done in a well-equipped biochemical laboratory which allows for a variety of investigations in the psychoses which can be undertaken in conjunction with the researches already enumerated. For example, it has been possible to carry on some observations on the oxygen content of the blood in schizophrenics. Likewise, more exact observations on the acid base metabolism of the epileptic patients being treated by acidosis, is being made.

These investigations have been furthered by funds obtained from the Department of Psychiatry of Harvard Medical School, and privately obtained money.

The Fatigue Laboratory of Harvard University has also been most helpful with advice and assistance. The Commonwealth Fund has also contributed to these researches inasmuch as Dr. Frank D'Elseaux, a Fellow under a grant from this Fund, has been in charge of the work with the stupors and in the development of the laboratory.

The staff of the Psychopathic Hospital has co-operated in many ways in these investigations.

The changes in the staff during the last fiscal year have been as follows:

Miss Gertrude Fisher, Social Worker, resigned as of September 1, 1930, and Miss Florence Sears came on as of the same date to fill her position. Dr. Harvey Spencer has acted as Volunteer Assistant in psychiatry during the past year.

As has been stated in previous reports, the Division of Mental Hygiene has been a center of training for psychiatrists, social workers, and psychologists, and our students in all these fields are holding positions of importance throughout the country.

The Bulletin of the Massachusetts Department of Mental Diseases made a real contribution in the Fernald Memorial Number, Volume XIV., Nos. 1 and 2, which presents in a clear and concise manner the most modern scientific concepts of the management, care, treatment and research activities associated with the problem of mental deficiency.

It may be said in closing that the Division of Mental Hygiene still represents the only Division of its kind in the country. Furthermore, it is an example of the most intelligent method for a State to subsidize research. Through this method we are able to utilize the training and experience of the best-equipped men available.

Respectfully submitted,

DOUGLAS A. THOM, *Director.*

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS.

To the Commissioner of the Department of Mental Diseases:

The annual report of the operation of the Division for the Examination of Prisoners for the year ending November 30, 1930, is respectfully submitted.

The organization of the Division and the general detail of operation are substantially the same as in preceding years.

The central office is at Room 932, Lawyers Building, 11 Beacon Street, Boston, and is in immediate charge of the Director of the Division.

Four part-time psychiatrists are attached to this office, as follows:

Frank H. Carlisle, M. D. — making examinations at Suffolk County Jail.

Miner H. A. Evans, M. D. — making examinations at Suffolk County House of Correction.

Edward Mellus, M. D. — making examinations at Middlesex County House of Correction.

Abraham Myerson, M. D. — making examinations at Norfolk County House of Correction.

Mr. Eugene F. McCarthy, Psychologist, making psychometric examinations at all of the county jails and houses of correction.

There are five social workers assigned to this office. On November 30, 1930, they were distributed as follows:

M. Carmen Burr — investigating cases at the Norfolk County House of Correction.

Grace I. Linscott — investigating cases at the Suffolk County Jail.

Ethel P. K. Stowe — investigating cases at the Suffolk County House of Correction.

Carlotta A. Weith — investigating cases at the Middlesex County House of Correction.

Sarah D. Small — temporarily assisting on a special statistical analysis.

The position of one psychiatrist and of a part-time sociologist have been carried

on as vacancies because of limited funds in the appropriation of the Division. There is sufficient money to employ the psychiatrist, but such employment would necessitate the addition of one psychiatric social worker to the personnel quota, and the money would not permit this addition.

Four District offices are maintained. Each office is under the immediate charge of a district psychiatrist, employed on a part-time basis. These offices conduct social service investigations, make psychiatric examinations, type the case records and transmit them to the central office. They are located as follows:

SALEM: Room 7, 133 Essex Street. Dr. Guy C. Randall, Psychiatrist. Veronica O. Wilder and Carolyn D. Harlow, social workers.

This office handles cases in the Salem House of Correction, the Lawrence House of Correction, and the Essex County Prison Camp.

WORCESTER: 36 Pleasant Street. Dr. M. M. Jordon, Psychiatrist. Eda F. Anderson, Social worker.

This office handles cases in the Worcester County House of Correction.

TAUNTON: 632 Somerset Avenue. Dr. John F. O'Brien, Psychiatrist. Betsy Gatten, and A. Gertrude Daley, social workers.

This office handles cases in the Plymouth County House of Correction, and the Bristol County House of Correction.

SPRINGFIELD: 111 Dickinson Street. Dr. Harold C. Goodwin, Psychiatrist. Winfield E. Ohlson, Social worker.

This office handles cases in the Hampden County House of Correction, the Hampshire County House of Correction, Berkshire County House of Correction, and the Franklin County House of Correction.

Dr. Winfred Overholser, who became Director of the Division for the Examination of Prisoners July 1, 1925, was appointed Assistant Commissioner of the Department of Mental Diseases on April 2, 1930. He continued general supervision of this Division until July 15, 1930, when Dr. Earl K. Holt was appointed Director of the Division.

The Advisory Committee for this Division, during the year ending November 30, 1930, was composed of the following members:

George M. Kline, M. D.

Earl K. Holt, M. D.

L. Vernon Briggs, M. D.

Mr. Herbert C. Parsons

Ralph M. Chambers, M.D.

Mr. Frederick Butler

A. Warren Stearns, M. D.

The Division desires to express its regret at the death of one of the members of this Committee, — Dr. George M. Wallace, Superintendent of the Wrentham State School, on July 30, 1930. Dr. Wallace was a great leader in the field in which he served, and through his death the Committee has sustained a loss of one of its most valuable members.

During the year the Division has been in operation, it has been impossible to examine all of the prisoners designated under Chap. 309 of the Acts of 1924, under which the Division was created. Sufficient funds have never been assigned to the Division to permit examination of all of these cases, particularly in the larger institutions, such as the Suffolk County Jail and the Suffolk County House of Correction. In the Budget estimates of previous years, the Director of the Division has mentioned the limitations of the Division's service due to the fact that sufficient funds have not been appropriated to permit the examination of all cases that would fall under the law. The Commissioner of the Department of Mental Diseases has solicited an increase in the appropriation but the legislature has not seen fit to grant the additional funds. For this reason, it has been necessary to select the cases for examination, and to limit the activities of the Division to the number of cases that can be examined with the present organization. The selection of these cases is left to the judgment of the social worker, who receives the jail lists, and gives preference to prisoners sentenced to long terms and to repeated offenders. Frequently requests for examinations are made by the courts and by probation officers, by the authorities at the correctional institutions, by the prisoner's family, or by social agencies, and others who may have a legitimate interest in the prisoner's welfare, who are interested in having a psychiatric study made. The Division has been pleased to receive these requests, and has endeavored to conduct examinations

in every case where such action has been sought. Otherwise, the cases are selected without special reference to type of offense, although preference is given to those who are likely to remain in the institutions long enough to permit completion of the study before termination of the sentence or before discharge by parole. The institutional authorities, and others who have parole powers, have cooperated with this Division in giving notice of probable parole in those cases where investigation has been undertaken but has not been completed. So far as can be determined, the group examined seems to be a fair sample of the population of these institutions.

During the year, 930 records have been completed. Histories are made in quadruplicate, one copy being filed in the Department of Correction, and two copies in the Board of Probation, the fourth copy remaining in the Boston office of the Division. The total number of cases completed to date is 7,605. Every effort has been made to increase the total output of the work. It does not appear to be possible to reduce the social service history. The outline for the social workers represents the minimum for such a history. It is clear that any increase in the total number of cases handled may be accomplished only through an increase in personnel.

The practice has been continued of noting the names of all prisoners reported to the Division who are identified as having been previously examined. During the year, 1,054 such names have been noted. In all, since January 1, 1926, 3,853 admissions of persons known to have been previously examined by the Division have been recorded, or 50.7% of all the prisoners examined. In some instances, of course, the same person has been re-committed several times, but on the other hand a considerable number of previously studied prisoners have been committed under unrecognized aliases. The figures given, therefore, are not accurate, but serve to show a marked trend. The percentage of known readmissions to the total number examined has shown a steady increase, as follows: 1926, 16.5%; 1927, 25.5%; 1928, 32.2%; 1929, 41.9%; 1930, 50.7%. These figures attest the inadequacy of the present methods of dealing with the problem of recidivism, and it is believed a greater use of the material presented in the case records and reports from this office would be a material value in dealing with these problems.

During the year, the courts and probation officers of the State generally have shown an increasing disposition to utilize the case records in disposing of subsequent charges brought against prisoners previously examined by this Division. The probation officer is directed by law to ascertain whether or not such a report exists by an inquiry at the office of the Board of Probation. The examination records are full and complete, and the probation officer may avail himself of much valuable information by reference to these files. As the courts develop an increasing realization that in planning proper dispositions a full knowledge of the social and environmental background, the mental condition and personality of defendants, is necessary, a still greater use of these reports will occur.

The Division has enjoyed the cooperation of the Hon. Herbert C. Parsons, Commissioner of Probation, who has repeatedly urged court probation officers to make use of the studies of this Division.

The statistical analysis of five thousand cases examined by the Division has proceeded rapidly during the year. A large number of statistical tables have been compiled, and these tables are now being studied. Eventually, a report may be issued which undoubtedly will show a great deal as to the general characteristics of jail and house of correction populations.

There is a widespread general interest in the problems of crime and delinquency, particularly as these problems are related to psychiatric investigations and studies. During that part of the year when Dr. Overholser was Director of the Division, nineteen addresses and discussions before various groups were delivered. These included five lectures at the Boston University School of Law on Law and Psychiatry, one to the State Police School, one talk before the District Court Judges Association, and one before the Innes Law Association. Among other groups were the Cambridge League of Women Voters, the Essex South County Medical Society, a Rotary Club, the National Probation Association, and the State Directors of the S. P. C. C. One radio talk was also given. As Director, Dr. Holt attended the Congress of the American Prison Association in October, and appeared on the

program jointly with Dr. Overholser at the November meeting of the Massachusetts Medico-Legal Society.

The Division has enjoyed the cooperation of various agencies with which it has been associated, and upon which it must rely for information. The various boards of County Commissioners, the Penal Institutions Department, police organizations, officers of the jails and houses of correction, the courts, probation officers, and the Board of Probation, have at all times evinced a spirit of distinct cooperation and helpfulness. The spirit of amity existing between the State Departments of Public Health, Correction, and Public Welfare has been greatly appreciated. The Federal agencies, including the Federal Bureau of Identification, the Adjutant General's office, and the Navy Department, have constituted valuable sources of information in identifying clients and in obtaining facts concerning the previous history of prisoners examined by the Division.

During the year, the following changes in personnel have occurred:

Samuel C. Lawrence, social worker in Boston office, resigned February 28, 1930.
 Mrs. Sarah D. Small, social worker, Boston office, previously granted a leave of absence October 1, 1929, reinstated from leave of absence February 1, 1930.
 Mrs. Helen F. Conant, appointed social worker in Boston office, March 17, 1930.
 Mrs. Bertha Perry, social worker, Taunton office, resigned July 1, 1930.
 Mrs. Betsy Gatten, appointed social worker in Taunton office, August 18, 1930.
 Mrs. Helen F. Conant, social worker in Boston office, resigned September 12, 1930.

Miss A. Gertrude Daley, appointed social worker in Taunton office November 7, 1930.

Respectfully submitted,

EARL K. HOLT, *Director*.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1930, is respectfully submitted.

The subjects listed below are discussed in this report:

I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.

- (a) Historical Sketch of Organization, 1914-1930.
- (b) Total Examinations, 1930.
- (c) Diagnosis of First Examinations, 1930.
- (d) Diagnosis of Re-examinations, 1930.
- (e) Personnel of Clinics, 1930, by Institution.
- (f) Comparison between Diagnosis of First Examinations and Re-examinations, 1930.
- (g) Comparison between Diagnosis of First Examinations and Re-examinations, 1928, 1929 and 1930.
- (h) Total Examinations, 1926-1930 inclusive, by Clinic.
- (j) Total Towns Examined, 1926-1930.

II. Incidence of Retardation, 1930, by Towns.

III. Research in Mental Deficiency.

IV. Publications.

V. Social Service Division.

VI. Community Supervision.

VII. Analysis of Waiting Lists to All State Schools, 1930.

VIII. Recommendations.

Graph I. Number of Clinic Examinations, 1915-1930.

Graph II. Accumulative Graph of Clinic Examinations, 1915-1930.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS.

(a) *Traveling Psychiatric School Clinics: History.*

During the year 1930, the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have

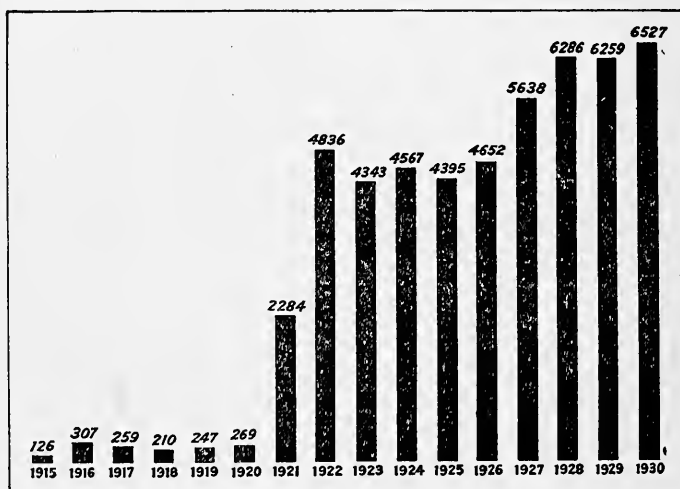
been in operation for sixteen years, and have been State-wide in their function since 1921, or a period of nine years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverly School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the legislature of 1922, and is as follows:

Chapter 71, section 46, General Laws, as amended by statutes, 1922, chapter 231 — "The school committee of every town shall annually ascertain, under regulations prescribed by the Department of Education and the Commissioner of Mental Diseases the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved March 31, 1922.)"



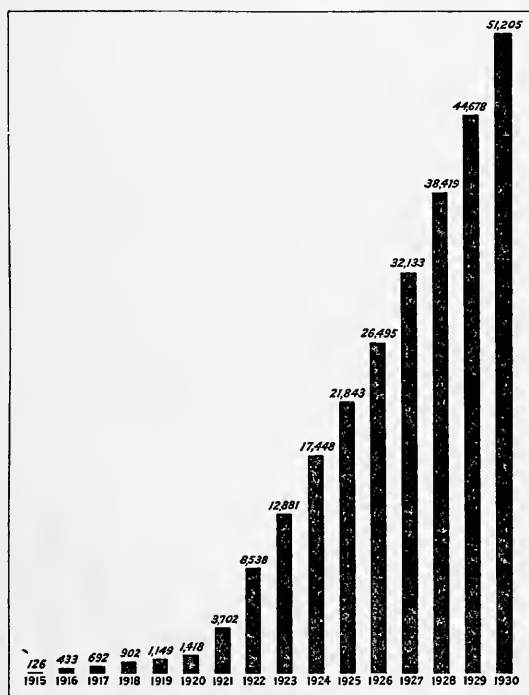
GRAPH I. — NUMBER OF CLINIC EXAMINATIONS, 1915 TO 1930.

The Department of Education outlined certain regulations dealing with examinations and special class provision. The first paragraph applies in particular to the school clinics under the supervision of this Division. The regulation is as follows: "1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*"

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. This shows the humble beginning in 1915, when 126 children were examined, and the steady increase up to 1930, when 6,527 were examined. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics.

Graph II outlines the accumulation of examinations. It shows that a total of 51,205 examinations of retarded children have been conducted by the clinics during the sixteen years of operation.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents and school teachers; and with clinic psychiatrists so that the service rendered by the clinics may best meet the varying needs of the school systems involved.



GRAPH II. — CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915 TO 1930.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. Superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the class placement of retarded

children. They are proving to be less critical of the decisions of our clinic psychiatrists. They recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various State hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) Total Examinations During 1930.

Table I reveals that a total of 6,527 examinations were conducted by all clinics during the year 1930. Of these examinations 5,224, or 80.2 percent were first examinations, and 1,303, or 19.8 per cent were re-examinations. The sex difference is noticeable in that 4,310 or 66.0 per cent of all examinations were males, and 2,217, or 34.0 per cent were females.

TABLE I. — *School Clinic Examinations Conducted during Year ended November 30, 1930, by Institution, Status of Recommendation, and Sex.*

HOSPITALS AND SCHOOLS	TOTAL											
	Total Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	F.	M.	T.	M.	F.
Belchertown . . .	474	319	155	246	166	80	47	26	21	181	127	54
Psychopathic . . .	81	57	24	17	14	3	—	—	—	64	43	21
Boston State . . .	454	283	171	194	121	73	8	6	2	252	156	96
Danvers . . .	338	231	107	151	106	45	2	1	1	185	124	61
Foxborough . . .	375	260	115	99	54	45	3	1	2	273	205	68
Gardner . . .	107	82	25	49	37	12	11	9	2	47	36	11
Grafton . . .	240	165	75	105	70	35	13	6	7	122	89	33
Medfield . . .	239	160	79	119	79	40	2	1	1	118	80	38
Monson . . .	494	312	182	279	159	120	13	10	3	202	143	59
Northampton . . .	769	513	256	423	266	157	8	5	3	338	242	96
Taunton . . .	324	202	122	81	55	26	19	9	10	224	138	86
W. E. Fernald . . .	1,602	1,025	577	1,086	702	384	113	54	59	403	269	134
Westborough . . .	34	25	9	8	6	2	—	—	—	26	19	7
Worcester . . .	114	80	34	51	31	20	4	3	1	59	46	13
Wrentham . . .	882	596	286	500	315	185	35	21	14	347	260	87
Total . . .	6,527	4,310	2,217	3,408	2,181	1,227	278	152	126	2,841	1,977	864
Per Cent . . .	100.	100.	100.	52.2	50.6	55.3	4.2	3.5	5.6	43.5	45.8	38.9

TABLE I. — *School Clinic Examinations Conducted during Year ended November 30, 1930, by Institutions, Status of Recommendation, and Sex — Continued.*

HOSPITALS AND SCHOOLS	FIRST EXAMINATIONS											
	Total First Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	425	284	141	209	140	69	43	23	20	173	121	52
Psychopathic . . .	59	38	21	11	10	1	—	—	—	48	28	20
Boston State . . .	373	236	137	140	88	52	4	3	1	229	145	84
Danvers . . .	257	181	76	112	83	29	2	1	1	143	97	46
Foxborough . . .	263	177	86	62	31	31	2	1	1	199	145	54
Gardner . . .	100	76	24	46	34	12	8	7	1	46	35	11
Grafton . . .	200	137	63	87	57	30	13	6	7	100	74	26
Medfield . . .	200	132	68	95	62	33	2	1	1	103	69	34
Monson . . .	369	229	140	197	112	85	7	4	3	165	113	52
Northampton . . .	570	366	204	296	180	116	6	3	3	268	183	85
Taunton . . .	200	126	74	45	32	13	11	7	4	144	87	57
W. E. Fernald . . .	1,376	864	512	921	581	340	98	44	54	357	239	118
Westborough . . .	27	20	7	4	3	1	—	—	—	23	17	6
Worcester . . .	97	67	30	45	27	18	3	2	1	49	38	11
Wrentham . . .	708	469	239	397	243	154	25	18	7	286	208	78
Total . . .	5,224	3,402	1,822	2,667	1,683	984	224	120	104	2,333	1,599	734
Per Cent . . .	100.	100.	100.	51.0	49.4	54.0	4.2	3.5	5.7	44.6	47.0	40.2

TABLE I. — *School Clinic Examinations Conducted during Year ended November 30, 1930, by Institution, Status of Recommendation, and Sex — Concluded.*

HOSPITAL AND SCHOOLS	RE-EXAMINATIONS											
	Total Re-examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	49	35	14	37	26	11	4	3	1	8	6	2
Psychopathic . . .	22	19	3	6	4	2	—	—	—	16	15	1
Boston State . . .	81	47	34	54	33	21	4	3	1	23	11	12
Danvers	81	50	31	39	23	16	—	—	—	42	27	15
Foxborough . . .	112	83	29	37	23	14	1	—	1	74	60	14
Gardner	7	6	1	3	3	—	3	2	1	1	1	—
Grafton	40	28	12	18	13	5	—	—	—	22	15	7
Medfield	39	28	11	24	17	7	—	—	—	15	11	4
Monson	125	83	42	82	47	35	6	6	—	37	30	7
Northampton . .	199	147	52	127	86	41	2	2	—	70	59	11
Taunton	124	76	48	36	23	13	8	2	6	80	51	29
W. E. Fernald . .	226	161	65	165	121	44	15	10	5	46	30	16
Westborough . . .	7	5	2	4	3	1	—	—	—	3	2	1
Worcester	17	13	4	6	4	2	1	1	—	10	8	2
Wrentham	174	127	47	103	72	31	10	3	7	61	52	9
Total	1,303	908	395	741	498	243	54	32	22	508	378	130
Per Cent	100.	100.	100.	56.8	54.8	61.5	4.1	3.5	5.5	38.9	41.6	32.9

We observe that 2,667, or 51.0 per cent of the total first examinations were recommended for special classes: 49.4 per cent of male, and 54.0 per cent of female first examinations. Two hundred twenty-four, or 4.2 per cent of the total first examinations, were recommended for placement within an institution: 3.5 per cent of male, and 5.7 per cent of female first examinations. Of the total re-examinations, we note that 741, or 56.8 per cent were recommended for special classes: 54.8 per cent of male, and 61.5 per cent of the female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations, we observe that *3,409 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having an examination in 1930 is now 4,803, we can see the great need for additional special class provision.

Fifty-four, or 4.1 per cent of the total re-examinations were recommended for placement within an institution: 3.5 per cent of all male, and 5.5 per cent of all female re-examinations.

There are several interesting sex differences demonstrated in Table I. In the total children coming up for examination, the boys outnumber the girls in a 1.9:1 ratio. Considering first examinations only, the ratio is 1.8:1. In re-examinations, the boys show a decidedly higher proportion, the ratio being 2.2:1. In the total number recommended for special classes, the sex ratio is 1.7:1. In the number recommended for institutional care, the boys show smaller proportions, the ratio being 1.2:1. While the differences are small, we may say that relatively fewer girls than boys are recommended for special classes or for institutional care.

It has been suggested that conduct in boys plus mental retardation may be the reason for the large numbers being referred for examination, or in the 1.9:1 ratio. This appears to be supported by the fact that a smaller number of boys are recommended for special classes, the ratio being 1.7:1. That is, other factors than low intelligence appear as causative factors in the school failure of boys. However, the still lower number of boys recommended for admission to State schools (1.2:1 ratio) interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a State school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment practically ruled out of consideration, we are forced to turn to other possibilities.

There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility, of course, that the school curriculum or the scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools and become retarded in school work in practically a 2:1 ratio as compared with girls.

(c) *Diagnosis of First Examinations, 1930.*

Table II records the mental diagnosis of all first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 34.4 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 46.7 per cent of the girls fell in this grouping. However, it will be noted that in the borderline, dull, normal, or superior groups, the males presented higher proportions than the females. Thus, definitely higher proportions of females are being diagnosed as mentally defective. These percentage distributions are reflected somewhat in the average intelligence quotients. The average intelligence quotient for boys coming up for examination was .73, while that of the girls was .70.

The material in this table suggests that retardation in school work is more likely to be associated with mental defect among girls than boys. There is a striking preponderance of mentally defective girls as compared with boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degree of intellectual development. This is not necessarily so among the boys. With them, school retardation may be associated with all degrees of intelligence, the high as well as the low.

In 8.5 per cent of first examinations, the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child coming up for examination. If the psychiatrist doubts the mental status of the child, he defers his diagnosis, and requests that the child return for another examination on the next visit of the clinic.

(d) *Diagnosis of Re-examinations, 1930.*

Table III records the mental diagnosis of all re-examinations, and outlines the distribution of intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases which were diagnosed under the heading of "Deferred Diagnosis" and add to this group other cases in which specific factors have suggested re-examinations.

Cases are scheduled for re-examination for several reasons. A particular child may have difficulties in special classes, or present certain retrograde mental changes. Another child may have shown marked improvement in special class work, and it may be felt that there is a possibility of his succeeding in regular grade work. Then, there are other cases which have not been assigned to special classes but have had coaching in special subjects or have presented retardation apparently not associated with any degree of mental deficiency. These doubtful and borderline cases make up a large proportion of the re-examinations.

While 8.5 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is materially smaller (3.9 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are *unwilling to make a diagnosis even after two examinations* have been made. This is mentioned simply to answer any question which

TABLE II. — *Diagnosis of 5,224 First Examinations by School Clinics for Year Ended November 30, 1930.*

INSTITUTIONS	Total		Feebleminded 0—, 69		Borderline .70—, .79		Dull .80—, .89		Average or Normal .90—1.09		Superior 1.10+		Diagnosis Deferred		Average I. Q.	
	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.
Belchertown	425	284	141	131	74	57	191	133	58	84	63	21	19	14	5	—
Boston Psychopathic	59	38	21	2	—	2	20	15	5	17	8	9	18	13	5	—
Boston State	373	236	137	99	64	35	97	63	34	91	57	34	64	40	24	—
Danvers	257	181	76	87	55	32	19	15	4	13	8	5	15	12	3	—
Foxborough	263	177	86	70	35	35	63	49	14	49	36	13	29	22	7	—
Gardner	100	76	24	42	29	13	36	28	8	15	14	1	6	5	1	—
Grafton	200	137	63	50	31	19	56	35	21	43	33	10	36	27	9	—
Medfield	200	132	68	50	27	23	60	40	20	62	46	16	26	18	8	—
Monson	369	229	140	114	68	46	166	101	65	62	44	18	10	7	3	—
Northampton	570	366	204	300	175	125	63	44	19	27	22	5	18	15	3	—
Taunton	200	126	74	70	41	29	66	39	27	50	34	16	13	11	2	—
Walter E. Fernald	1,376	864	512	662	375	287	456	284	172	153	117	36	42	37	5	—
Westborough	27	20	7	15	12	3	7	6	1	2	—	2	2	2	—	—
Worcester	97	67	30	43	27	16	33	23	10	13	10	3	8	7	1	—
Wrentham	708	469	239	290	160	130	236	170	66	118	89	29	56	43	13	—
Total	5,224	3,402	1,822	2,025	1,173	852	1,569	1,045	524	799	581	218	362	273	89	23
Per cent	100.0	100.0	100.0	38.7	34.4	46.7	30.0	30.7	27.9	15.2	17.0	11.9	6.9	8.0	4.8	.44
													8.5	9.2	7.4	

Note: — Psychiatrist's diagnosis is given preference whenever it does not agree with I. Q. group designation.

TABLE III. — *Diagnosis of 1,303 Re-examinations by School Clinics for Year Ended November, 30, 1930.*

INSTITUTIONS	Total			Feebleminded 0— .69			Borderline .70— .79			Dull .80— .89			Average or Normal .90—1.09			Superior 1.10+			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	49	35	14	16	13	3	25	16	9	8	6	2	—	—	—	—	—	—	—	—	—	.71	.71	.73
Boston Psychopathic	22	19	3	4	3	1	8	6	2	5	5	—	—	—	—	—	—	—	—	—	.80	.82	.70	
Boston State	81	47	34	43	26	17	37	19	12	7	2	5	—	—	—	—	—	—	—	—	.68	.67	.69	
Danvers	81	50	31	55	32	23	7	4	3	2	2	—	—	—	—	—	—	—	—	—	.62	.63	.61	
Foxborough	112	83	29	47	27	20	38	32	6	15	14	1	10	9	1	—	—	—	—	—	.70	.71	.65	
Gardner	7	6	1	7	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.60	.60	.60	
Grafton	40	28	12	11	5	6	20	16	4	6	4	2	2	2	—	—	—	—	—	—	.73	.75	.69	
Medfield	39	28	11	17	4	3	14	11	3	9	6	3	2	2	—	—	—	—	—	—	.80	.81	.78	
Monson	125	83	42	65	38	27	38	26	12	17	15	2	3	2	2	—	—	—	—	—	.69	.70	.66	
Northampton	199	147	52	159	113	46	19	17	2	2	2	—	—	—	—	—	—	—	—	—	.62	.62	.60	
Taunton	124	76	48	54	27	27	42	28	14	23	18	5	5	3	2	—	—	—	—	—	.71	.73	.69	
Walter E. Fernald	226	161	65	95	64	31	91	64	27	34	28	6	2	2	—	—	—	—	—	—	.70	.71	.68	
Westborough	7	5	2	7	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.60	.60	.60	
Worcester	17	13	4	7	7	—	4	2	2	3	1	2	3	3	—	—	—	—	—	—	.75	.73	.80	
Wrentham	174	127	47	71	44	27	53	42	11	34	28	6	15	12	3	1	1	—	—	—	.73	.74	.69	
Total	1,303	908	395	648	414	234	390	283	107	165	131	34	48	39	9	1	1	—	—	—	.69	.70	.67	
Per cent	100.0	100.0	100.0	49.7	45.5	59.2	29.9	31.1	27.0	12.6	14.4	8.6	3.6	4.2	2.2	.07	.11	—	—	—	3.9	4.4	2.7	

Note: — Psychiatrist's diagnosis is given preference whenever it does not agree with I. Q. group designation.

may arise as to the possibility of injustice being done to any child coming up for examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are present. Of the total re-examinations of boys, 45.5 per cent were diagnosed as mentally defective (I. Q. = 69), while 59.2 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among these re-examinations. However, in the borderline, dull, average, and superior groups, the males present higher proportions.

These percentage distributions are reflected in the average intelligent quotient. The average I. Q. of boys re-examined was .70 while that of the girls was .67.

(e) *Personnel of Clinics, 1930, by Institutions.*

It would not be fitting to proceed further in this report without mentioning the personnel of the clinics who carried on this important work so ably during the year 1930.

TABLE IV. — *Personnel of Traveling Clinics by Institution for Year Ended November 30, 1930.*

HOSPITALS AND SCHOOLS	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST	SOCIAL WORKER
Belchertown . .	Karl V. Quinn, M.D. Herbert L. Flynn, M.D.	Helen Pierce May Buckler Viola M. Jones Edith B. James	Dorothy Peeso Rena Dewey Florence Armstrong and Staff
Boston Psycho. .	Mary Palmer, M.D.		
Boston State . .	Alberta S. Guibord, M.D.		
Danvers State . .	Edgar C. Verbury, M.D. Evelyn Alpern, M.D.	Esther Reid	Mary H. Holland Edith Mason Pearl E. Hartshorn Rebecca Russakoff and Students
Foxborough . .	C. B. J. Schorer, M.D.	Evelyn Atkinson	
Gardner	Lonnie O. Farrar, M.D. William A. Hunter, M.D.	Raymond E. Johnson	-
Grafton	Anna C. Wellington, M.D.	Margaret Blaisdell	Mrs. Grace D. Raynes
Medfield	G. Allen Troxell, M.D.	Katherine Harris Frances A. Reed	Lillian Levin Alice Boynton Mary A. Morris Ruth Stolorworthy
Monson	Lucie G. Forrer, M.D.	Teresa E. Cotter	Lula P. Hayes
Northampton . .	Harriet W. Whitney, M.D.	Maryalys S. Parker	Mary W. Killam Rhoda L. Smith Emma Lowe Margaret Chapin
Taunton	Louisa E. Boutelle, M.D. H. Sinclair Tait, M.D.	Annie Heal, Margaret Chapin, Charlotte Foye	
Walter E. Fernald	E. S. B. Woodward, M.D.	Pearl A. Parker Mary Helen Swartzel	-
Westborough . .	R. V. Hadley, M.D.	Adelaide Proctor	Helen Crockett
Worcester	Samuel W. Hartwell, M.D.	-	Jennie A. Harrington
Wrentham	Alice M. Patterson, M.D.	Beatrice N. Wolfson Ruth A. Prouty	-

Table IV outlines the personnel of the clinics of the various institutions at the end of the year, giving the names of the psychiatrists in charge, the psychologists and the social workers. Many words of commendation have come to the Depart-

ment of the thorough-going work done by the various members of the clinics. The problems which come up to them are trying and difficult at the best, and the manner in which they have carried out their assignments has earned the praise of all concerned. Rendering a diagnosis of mental deficiency in children is an extremely serious matter both to the child and to the parents. We can understand the gravity of the situation when we see that the diagnosis may prove to be a turning point in the child's life. The workers who carried out the difficult task of assembling information and rendering decisions on these cases must be considered as pioneers in the field of child adjustment. Facing the difficult task of taking a strange clinic into towns unaccustomed to such service, they have met situations in a most tactful manner, both to the satisfaction of school officials and the community in general.

From the vantage point of the central office, it is interesting to observe the change in attitude on the part of many school superintendents who were rather apprehensive when the clinics first began to visit their schools. One superintendent who had serious doubts of the usefulness of even an annual visit of the clinic within his particular school system recently made a request that the clinic visit his territory every two weeks and examine problem as well as retarded children.

All clinics reported to the Department the costs of the operation of the respective clinics. These costs included salaries, maintenance, expenses in the field, automobile and supplies. The average cost of each examination was found to be \$5.44.

(f) *Comparison Between Diagnosis of First Examinations and Re-examinations, 1930*

Table V shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 38.7 per cent of the group were mentally defective, while in the re-examinations 49.7 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .72, and that for re-examinations was .69 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-examinations, 1930, by Sex.*

<i>First Examinations.</i>								
	0—.69	.70—.79	.80—.89	.90—1.09	1.10+	De-ferred	Total	Mean Intel-ligence Quotient
Male	34.4	30.7	17.0	8.0	.52	9.2	100.0	.73
Female	46.7	27.9	11.9	4.8	.27	7.4	100.0	.70
Both Sexes . . .	38.7	30.0	15.2	6.9	.44	8.5	100.0	.72
<i>Re-examinations.</i>								
Male	45.5	31.1	14.4	4.2	.11	4.4	100.0	.70
Female	59.2	27.0	8.6	2.2	—	2.7	100.0	.67
Both Sexes . . .	49.7	29.9	12.6	3.6	.07	3.9	100.0	.69

Within both groups we see large numbers of females in the mentally defective group. Among the first examinations, the percentages feeble-minded are 34.4 for males and 46.7 for females; in the re-examinations the same relationships are observed: 45.5 per cent for males, and 59.2 per cent for females. We expect the lower grade cases to return for re-examination as they have expected difficulties in adjustment.

(g) *Diagnosis of First Examinations and Re-examinations, 1928, 1929, and 1930.*

Table VI presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928, 1929, and 1930. While it is dangerous to generalize, we note that there appears to be a decidedly higher grade of case coming up for first examination in 1929 and 1930 than in 1928. Forty-three and

eight tenths per cent of first examinations were mentally defective in 1928. In 1929 this was diminished to 35.9 per cent, and in 1930 showed a slight raise to 38.7 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929, this was raised four points to .73, and in 1930, fell one point to .72. While this difference in averages is not large, it must be recalled that we are dealing with fairly large numbers in these samples. An average difference of three or four points in the mean intelligence quotients is significant, as evidenced in the material differences between the two distributions.

TABLE VI. — *Diagnosis of First and Re-examinations for the Years 1928, 1929 and 1930.*

First Examinations.

		Total	Feeble-minded 0—.69	Border-line .70—.79	Dull .80—.89	Average or Normal .90—1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928	Number	4,916	2,150	1,206	769	327	16	448	
	Per cent	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929	Number	4,923	1,772	1,437	722	407	34	551	
	Per cent	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930	Number	5,224	2,025	1,569	799	362	23	446	
	Per cent	100.0	38.7	30.0	15.2	6.9	.44	8.5	.72

Re-examinations.

		Total	Feeble-minded 0—.69	Border-line .70—.79	Dull .80—.89	Average or Normal .90—1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928	Number	1,370	746	357	158	56	2	51	
	Per cent	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929	Number	1,336	624	367	179	70	8	88	
	Per cent	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930	Number	1,303	648	390	165	48	1	51	
	Per cent	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69

Among the re-examinations, we note a somewhat similar condition. Fifty-four and eight tenths per cent of re-examinations in 1928 were mentally defective, in 1929 the proportion was 46.7 per cent, and in 1930, 49.7 per cent of re-examinations were mentally defective. The average I. Q. for 1928 was .66, for 1929, .70, and for 1930, .69. While it is difficult to judge from the results of three years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination tends to show an upward tendency.

(h) *Total Examinations, 1926-1930, By Clinic.*

Table VII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1930 inclusive. In considering this last five years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,400 examinations each year, or a total of 7,436 cases for the five years. The clinic of the Northampton State Hospital is second, with a total of 3,934 examinations during this period; Wrentham State School is third, with 3,625 examinations; Boston State Hospital is fourth, with 2,279 cases; and Foxborough State Hospital is fifth, with 1,894 examinations. The foregoing clinics are to be particularly commended for their activities, insofar as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

In comparing the number of examinations for the two years 1929 and 1930 we notice increases for 1930 in the number of examinations done by the clinics of the Belchertown State School, Danvers State Hospital, Monson State Hospital, Northampton State Hospital, Taunton State Hospital, Westborough State Hospital, W. E. Fernald State School and Wrentham State School. The following institutions showed decreases for the number of examinations conducted during 1930 as compared with 1929: Boston Psychopathic Hospital, Boston State Hospital, Foxborough State Hospital, Gardner State Colony, Grafton State Hospital, Medfield State Hospital, and the Worcester State Hospital.

TABLE VII. — *Total School Clinic Examinations Conducted for the Years 1926, 1927, 1928, 1929 and 1930, By Institution.*

INSTITUTION	1926	1927	1928	1929	1930
Belchertown	—	—	251	114	474
Boston Psychopathic	271	121	141	130	81
Boston State	355	527	441	502	454
Danvers	162	132	176	255	338
Foxborough	300	431	303	485	375
Gardner	122	58	125	164	107
Grafton	66	—	343	327	240
Medfield	70	298	510	419	239
Monson	384	398	225	395	494
Northampton	708	876	1,000	581	769
Taunton	90	230	360	292	324
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602
Westborough	—	26	85	—	34
Worcester	110	402	197	300	114
Wrentham	603	726	637	777	882
Total	4,652	5,638	6,286	6,259	6,527

(j) *Total Towns Examined, 1930.*

Table VIII gives the numbers of towns in which clinics were conducted during 1930. Between 1926 and 1930 the total number of towns in which examinations were held increased from 113 to 139. However, the year 1929 showed even a larger number of towns having examinations, a total of 168. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1930 the clinics were visiting 39 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

TABLE VIII. — *Number of Towns in which School Clinics were Conducted during 1926, 1927, 1928, 1929 and 1930.*

INSTITUTIONS	TOTAL TOWNS EXAMINED DURING YEAR				
	1926	1927	1928	1929	1930
Belchertown	—	—	4	4	4
Boston Psychopathic	1	1	1	1	1
Boston State	2	3	2	2	2
Danvers	7	9	7	15	15
Foxborough	7	13	14	12	13
Gardner	11	9	12	8	13
Grafton	2	—	10	11	10
Medfield	2	5	7	7	2
Monson	4	4	3	4	3
Northampton	40	34	36	28	6
Taunton	4	19	15	17	15
Walter E. Fernald	18	25	24	24	26
Westborough	—	1	3	—	1
Worcester	5	26	7	24	15
Wrentham	10	13	11	11	13
Total	113	162	156	168	139

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly

in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1930.

Table IX presents a summary of facts in connection with 139 towns in which first examinations were held by one of our clinics during the year 1930. It presents the school population in the grammar grades, the number of special classes, the number of children in special classes, the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded, for each town concerned, during the year 1930. As first examinations only are included, we may consider that the material, to a certain extent, demonstrates the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 330,509 children. Of the total of 139 cities, towns and villages having an examination, 82 were maintaining a total of 322 special classes, or one special class to approximately every 1,025 children of the total school population. Fifty-seven smaller communities with a total population of 22,078 children were not maintaining special classes. While 41 per cent of the total communities examined were not maintaining special classes, we observe that 93 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which make difficult the establishment of special classes. In column 10, we observe that the percentage of the total school population referred for retardation during 1930 for the entire group was 1.58 per cent. However, in the towns having no special classes, the percentage referred as retarded for 1930 was 1.98 per cent.

Eighty-two towns maintaining 322 special classes accommodated 4,803 children in these classes, an average of 14.9 children per class. Comparing this total of 4,803 children in special classes with the total school population of 330,509, we note that 1.45 per cent were in special classes during the year 1930. The 57 towns not maintaining special classes revealed a total grammar school population of 22,078 children. In these towns a total of 422 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 5,224 children were referred to the clinics for the first time during 1930 because of retardation. In other words, 1.58 per cent of the total school population were referred as retarded *during a single school year*. Dividing the 1.58 per cent of the total school population referred in accordance with diagnosis, we note that .61 per cent were diagnosed as mentally defective and .97 per cent as not mentally defective (retarded). This demonstrates that the ratio of retarded children to mentally defective children is almost 2:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have in addition two children grading between mental defect and the normal who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to allow the larger numbers of high-grade cases to wander about on mental crutches in the unhappy halfway position between the special class and the regular class without adequate or under-

TABLE IX. — *Towns in which First Examinations of Retarded Children were held 1930: School Population; Number of Special Classes; Number of Children in Special Classes; Percentage of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic.*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)	(7)	(8)	(9) 6 ÷ 7 + 8 ÷ 2	(10) 6 ÷ 2	(11) 7 + 8 ÷ 2					
CLINIC AND TOWN	School Population, Grammar Grades	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.								PER CENT OF SCHOOL, POPULATION, 1930.		
					MENTALLY DEFECTIVE.				DIAGNOSIS NOT MENTALLY DEFECTIVE. (Retarded).				Referred to Clinics as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded)
					T.		F.		T.		F.				
					T.	M.	T.	F.	T.	M.	T.	F.			
Belchertown	9,959	6	88	.88	131	74	57	294	210	84	—	—	4.27	1.32	2.95
Total	153	—	—	—	1	1	—	7	4	3	—	—	5.22	.65	4.57
Granby	7,766	5	70	.90	122	68	54	284	203	81	—	—	5.22	1.57	3.65
Pittsfield	1,086	—	—	—	2	1	1	2	2	—	—	—	.36	.18	.18
South Hadley	1,086	—	—	—	2	1	1	2	2	—	—	—	.73	.63	.10
Ware	954	1	18	1.88	6	4	2	1	1	—	—	—	—	—	—
Boston Psychopathic	4,307	2	31	.71	2	—	2	57	38	19	—	—	1.36	.04	1.32
Total	4,307	2	31	.71	2	—	2	57	38	19	—	—	1.36	.04	1.32
Brookline	4,307	2	31	.71	2	—	2	57	38	19	—	—	1.36	.04	1.32
Boston State	20,441	18	200	.98	99	64	35	254	162	92	20	10	1.82	.48	1.34
Total	7,452	9	83	1.11	34	21	13	76	45	31	5	2	1.54	.45	1.09
Everett	12,989	9	117	.90	64	42	22	131	90	41	12	8	1.59	.49	1.10
Somerville	—	—	—	—	1	1	—	47	27	20	3	—	—	—	—
Special Group	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	21,449	14	189	.88	87	55	32	47	35	12	123	91	1.19	.40	.79
Total	890	1	12	1.34	5	2	3	4	3	1	11	8	2.24	.56	1.68
Amesbury	314	—	—	—	3	2	1	—	—	—	—	—	.95	.95	—
Hamilton	5,938	4	72	1.21	7	6	1	—	—	—	12	10	1.31	.11	.20
Haverhill	229	—	—	—	2	1	1	2	2	—	—	—	1.74	.87	.87
Lynnfield	384	—	—	—	—	—	—	21	14	7	2	1	5.98	—	5.98
Manchester	301	—	—	—	—	—	—	—	—	—	2	2	.66	—	.66
Merrimac	301	—	—	—	—	—	—	—	—	—	2	2	.66	—	.66
Methuen	2,841	1	17	.59	9	8	1	1	1	—	3	2	3.45	.31	.14
Newburyport	1,624	2	30	1.84	17	12	5	3	33	25	33	25	3.13	1.04	2.09
Peabody	3,395	1	10	.29	15	7	8	3	2	1	25	18	1.26	.44	.82
Salisbury	287	—	—	—	—	—	—	—	—	—	11	7	3.83	—	3.83
Saugus	2,547	2	13	.51	13	6	7	7	5	2	8	5	3.83	.51	.58

TABLE IX. — Towns in which First Examinations of Retarded Children were held during 1930: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic. — Continued.

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)						(7)	(8)	(9) 6+7+8 ÷ 2	(10) 6 ÷ 2	(11) 7+8 ÷ 2	
CLINIC AND TOWN	School Popu- lation, Grammar Grades	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.						PER CENT OF SCHOOL POPULATION, 1930.					
					MENTALLY DEFECTIVE.			DIAGNOSIS NOT MENTALLY DEFECTIVE. (Retarded.)			DEFERRED			Referred to Clinics as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded).
					T.	M.	F.	T.	M.	F.	T.	M.	F.			
Swampscott	1,289	2	23	1.78	11	8	3	4	4	—	4	2	2	1.47	.85	.62
Tewksbury	476	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.42
Wenham	130	—	—	—	—	—	—	—	—	—	—	—	—	1.53	—	1.53
Wilmington	804	1	12	1.49	5	3	2	4	4	—	8	7	1	2.11	.62	1.49
Foxborough	17,457	13	181	1.03	70	35	35	142	109	33	51	33	18	1.50	.40	1.10
Bellingham	564	—	—	—	8	5	3	1	1	—	2	2	—	2.12	1.41	.71
Braintree	2,724	3	23	.84	7	3	4	2	2	—	2	2	2	1.40	.25	.15
Bridgewater	1,326	2	36	2.71	16	7	9	32	28	4	16	10	6	4.82	1.20	3.62
Canton	579	—	—	—	2	1	1	19	16	3	1	1	1	3.79	.34	3.45
Foxborough	745	—	—	—	3	2	2	2	2	—	7	—	—	.67	.40	.27
Hull	391	—	—	—	—	—	—	14	7	7	1	1	—	3.83	.35	3.83
Mansfield	1,139	1	11	.96	4	2	2	3	3	—	—	—	—	.61	.26	—
Mendon	159	—	—	—	1	1	2	—	—	—	—	—	—	.62	.62	—
Needham	1,716	1	15	.87	1	2	2	—	—	—	—	—	—	.11	.11	—
Norwood	2,609	3	41	1.57	6	6	4	26	21	5	15	10	5	1.80	.23	1.57
Stoughton	1,083	1	17	1.56	8	4	4	36	26	10	7	5	2	4.70	.73	3.97
Walpole	1,331	1	11	.82	4	1	3	2	2	2	1	1	1	.52	.30	.22
Weymouth	3,091	1	27	.87	9	5	4	5	1	4	5	5	—	.61	.29	.32
Gardner	6,453	2	23	.36	42	29	13	58	47	11	—	—	—	1.55	.65	.90
Abby	163	—	—	—	1	1	1	1	1	—	—	—	—	1.22	.61	.61
Attol	1,773	2	23	1.29	6	2	4	15	12	3	—	—	—	1.18	.34	.81
Dana	67	—	—	—	—	—	—	2	2	2	—	—	—	2.98	—	2.98
Erving	223	—	—	—	1	—	1	6	6	—	—	—	—	3.13	.44	2.69
Gardner	1,892	—	—	—	12	10	2	4	3	1	—	—	—	.84	.63	.21
Greenwich	28	—	—	—	—	—	2	2	2	1	—	—	—	7.14	—	7.14
Leverett	118	—	—	—	—	—	3	3	2	1	—	—	—	7.62	5.08	2.54
New Salem	57	—	—	—	6	6	—	1	1	1	—	—	—	3.50	1.75	1.75
Orange	783	—	—	—	3	2	1	9	8	1	—	—	—	1.53	.38	1.35
Shutesbury	43	—	—	—	—	—	—	2	1	1	—	—	—	4.65	—	4.65

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1930: School Population, Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic. — Concluded.*

(1)	(2)	(3)	(4)	(5) 4÷2	(6) FIRST EXAMINATIONS BY TRAVELING CLINICS.						(7)	(8)	(9) 6+7+8			(10) 6÷2	(11) 7+8				
CLINIC AND TOWN	School Population, Grammar Grades	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	MENTALLY DEFECTIVE.				DIAGNOSIS NOT MENTALLY DEFECTIVE. (Retarded).		DEFERRED			Referred to Clinics as Mentally Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded)					
					T.		F.		T.		F.		T.				F.				
					M.	F.	M.	F.	M.	F.	M.	F.	M.				F.	M.	F.		
Walter E. Fernald																					
Total	124,014	146	2,359	1.90	662	375	287	654	441	213	60	48	12	1.10	.53	.57					
Acushnet	711	1	17	2.39	11	4	7	8	4	4	2	2	-	2.67	1.54	1.13					
Barnstable	1,190	2	36	3.02	11	7	4	22	14	8	2	2	-	2.94	.92	2.02					
Bourne	453	-	-	-	1	1	-	-	-	-	-	-	-	.22	.22	-					
Brewster	149	-	-	-	1	-	1	-	-	-	-	-	-	.67	.67	-					
Dartmouth	1,723	3	45	2.61	15	10	5	16	11	5	3	2	1	1.97	.87	1.10					
Dennis	222	-	-	-	2	1	1	-	-	-	-	-	-	.90	.90	-					
Fall River	15,043	24	442	2.93	162	92	70	68	54	14	6	5	1	1.56	1.07	.49					
Falmouth	1,100	4	64	5.81	11	3	8	14	9	4	2	1	1	2.45	1.00	1.45					
Gloucester	2,858	3	48	1.32	10	7	3	7	4	3	4	4	-	.73	.35	.38					
Lawrence	9,264	5	85	.91	17	10	7	19	13	6	2	2	-	.41	.18	.23					
Lowell	11,094	6	81	.73	19	13	6	5	5	5	1	1	-	.22	.17	.05					
Lynn	13,016	19	253	1.94	44	29	15	32	24	2	1	1	-	.59	.26	.34					
Mashpee	76	-	-	-	2	2	-	3	2	1	-	-	-	6.57	2.63	.25					
Nantucket	515	2	23	4.46	7	6	4	12	9	3	2	1	3	4.07	1.35	3.94					
New Bedford	15,280	9	130	.85	94	45	49	70	46	24	5	2	3	1.10	.61	2.72					
Provincetown	568	2	28	4.92	4	3	1	16	12	4	3	1	-	4.04	.70	3.34					
Revere	6,794	10	173	2.54	55	32	23	120	72	48	1	3	-	2.59	.80	1.79					
Salem	4,095	6	88	2.14	28	18	10	21	18	3	2	2	-	1.24	.68	.56					
Sandwich	179	-	-	-	2	2	2	2	1	1	2	1	1	2.70	1.11	1.68					
Somerset	923	1	18	10.05	17	7	10	17	8	9	2	2	-	3.68	1.84	1.84					
Swansea	614	-	-	-	-	-	-	-	-	-	-	-	-	.97	.97	-					
Walham	4,831	11	165	3.41	7	2	5	37	20	17	1	1	-	.93	.14	.79					
Watertown	5,266	10	131	2.48	21	11	10	14	10	4	1	1	1	.68	.39	.29					
Westport	734	2	35	4.76	8	4	4	4	3	1	1	-	-	1.77	1.09	.68					
Worcester	27,118	26	497	1.83	111	65	46	139	96	43	19	16	3	.99	.41	2.52					
Yarmouth	198	-	-	-	2	1	1	5	3	2	-	-	-	3.53	1.01	-					
Westborough					15	12	3	11	8	3	1	-	-	1.69	.94	.75					
Webster and Dudley	1,593	2	21	1.32	15	12	3	11	8	3	1	-	-	1.69	.94	.75					

Worcester	5	83	1.49	43	27	16	54	40	14	-	-	-	1.74	.77	.97
<i>Total</i>	5,559	-	-	290	160	130	412	304	108	6	5	1	1.20	.49	.71
Acton	312	-	1.29	12	6	6	49	33	16	-	-	-	1.88	.37	1.51
Ashland	384	-	.66	27	13	14	74	57	17	-	1	1	1.21	.31	.90
Brookfield	201	-	.79	126	73	53	99	75	24	-	2	-	1.91	1.07	.84
Dover	117	-	1.08	39	18	21	64	44	20	1	1	-	1.50	.56	.94
East Brookfield	136	-	.31	7	3	4	4	1	3	1	1	-	.43	.27	.16
East Northfield	838	-	.41	16	11	5	27	24	3	1	1	-	1.14	.41	.73
Millbury	234	-	.41	16	11	5	27	24	3	1	1	-	.49	.33	.33
North Brookfield	234	-	.41	16	11	5	27	24	3	1	1	-	3.17	1.95	1.22
Shrewsbury	1,277	3	3.91	37	22	18	21	17	4	1	1	-	.74	.26	.48
Spencer	600	-	-	9	6	2	11	8	2	-	-	-	.86	.32	.54
Sterling	251	-	-	3	2	2	5	5	3	1	1	-	1.35	.35	1.00
Sudbury	176	-	-	2	1	3	19	16	5	1	1	-	.26	.06	.20
Wayland	368	-	-	2	2	3	23	18	8	-	-	-	.55	.11	.44
West Boylston (Cochituate)	404	33	8.16	2	1	1	7	6	1	-	-	-	2.22	.49	1.73
Westminster	261	-	-	1	1	-	1	1	-	-	-	-	.76	.38	.38
<i>Total</i>	59,158	45	1.00	290	160	130	412	304	108	6	5	1	1.20	.49	.71
Attleboro	3,241	3	1.29	12	6	6	49	33	16	-	-	-	1.88	.37	1.51
Brookton	8,460	4	.66	27	13	14	74	57	17	-	1	1	1.21	.31	.90
Cambridge	11,789	9	.79	126	73	53	99	75	24	-	2	-	1.91	1.07	.84
Chelsea	6,916	5	1.08	39	18	21	64	44	20	1	1	-	1.50	.56	.94
Dedham	2,543	1	.31	7	3	4	4	1	3	1	1	-	.43	.27	.16
Framingham	3,854	1	.41	16	11	5	27	24	3	1	1	-	1.14	.41	.73
Franklin	1,216	1	.41	16	11	5	27	24	3	1	1	-	.49	.33	.33
Marlborough	1,794	4	4.45	35	17	18	21	17	4	1	1	-	3.17	1.95	1.22
Milford	2,290	3	1.52	6	3	4	11	8	2	-	-	-	.74	.26	.48
North Attleboro	928	1	1.07	7	4	3	5	5	3	1	1	-	.86	.32	.54
Plymouth	1,996	2	1.60	3	3	3	19	16	5	1	1	-	1.35	.35	1.00
Quincy	11,413	8	.91	7	4	3	23	18	8	-	-	-	.26	.06	.20
Wintrop	2,718	3	.73	3	2	1	12	4	8	-	-	-	.55	.11	.44
<i>Total</i>	330,509 ¹	-	-	2,025	1,173	852	2,751	1,916	835	448	313	135	1.58	.61	.97
Grand Total	308,431 ²	322	1.56	-	-	-	-	-	-	-	-	-	-	-	-

¹Total school population of towns having an examination by one of our clinics during 1930. This total is used in calculating the percentages of columns 9, 10 and 11.

²Total school population of towns having children in special classes during 1930. This total is used in calculating the percentages of column 5.

standing provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.58 per cent of the total school population were referred because of retardation during 1930. This figure does not measure the amount of retardation in the particular schools. We must recall that these are first examinations of a single year only, and that there is an accumulation of retardates which have been diagnosed during previous years. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total retardation is subject to an accumulation of individual years, insofar as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .61 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates. Again, we must recall that this too is subject to accumulation, and that the actual number of mental defectives within the school system is a figure which is much higher.

In other sections of the report we have seen that the relative proportions of retardates referred to clinics do not vary greatly from year to year. The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) are quite small in relation to the total school population. Insofar as the clinics are finding practically the same proportions of children retarded each year, it is not accurate from the statistical viewpoint to compare these numbers with the total school population. A comparison with the total children entering school for any one year would be a better criterion. With this thought in mind, we recorded the number of children in the first grade of all schools in which an examination was held during 1930. It is felt that the number of children actually within first grade classes throughout these towns would, in all probability, record most accurately, the new children entering the schools for any one year. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 43,755 children in the first grades of schools in which 5,224 first examinations of retarded children were held during the year 1930. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 5,224 children were referred to all clinics because of retardation for the first time during the year 1930. This enables us to compare the numbers of new cases of retardation (5,224 children) with the numbers of new students entering the schools (43,755 children) for the same year. We feel that these percentages give us a much better picture of the accumulation or relative amounts of retardation actually present in our school systems. New cases of retardation discovered during 1930 are found to be 11.9 per cent of the new cases entering the public schools during this year. Turning to the diagnosis, we observe that new cases *diagnosed as mentally defective* are 4.6 per cent of the number entering schools for the first time during 1930. The new cases *diagnosed as retarded (not mentally defective)* make up 6.3 per cent of the total new students entering the school during the year 1930.

There is nothing to be gained in discussing the differences in the numbers of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have had these examinations for a good many years. As the accumulation has been dealt with in the past, the percentages for subsequent years are substantially smaller. In other instances, the small number of retardates referred to the clinics is a matter of selection on the part of the superintendent. There are many factors entering into this situation, and it is difficult to place the true value on each particular factor.

The Division has under way at the present time an investigation of the placement of children in certain grades, and is comparing this with the mental ages of the children. The results are unusual and suggest that mental age has little relationship to the grade placement of the child. In some schools we are viewing the placement of children of low mental grade in advanced classes in which they have little chance of success. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

In comparing 1929 with 1930, we observe an increase in the proportion of children in special classes. In 1929, 1.30 per cent of the school population involved were in special classes, while this figure is 1.56 per cent for 1930. 1.50 per cent of the total school population of the towns involved were referred to the clinics because of retardation in 1929. In 1930, this figure had increased to 1.58 per cent. We note changes in the percentages diagnosed as mentally defective and not mentally defective. In 1929, .54 per cent of the school population were diagnosed as mentally defective. In 1930, this had increased to .61 per cent. In 1929, .96 per cent of the school population were diagnosed as not mentally defective (retarded). In 1930, this had increased to .97 per cent.

The above figures show the importance of retardation as a problem in our public schools. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education, and must be carefully considered in organizing a curriculum suited to the varying grades of intelligence in public school children. However, we should recall that these figures are minimum. They record, in the main, children in school who have been selected by various school superintendents as three or more years retarded. The selection is not based on an actual age-grade criterion. We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 82 towns have provided a total of 322 special classes caring for 4,803 children. Referring to Table I "Total Examinations During 1930", we note that a total of 3,408 children were recommended for special classes during 1930. That is, the school rooms now devoted to special classes would be able to take care of the new cases recommended for special class care in 1930, if in some magic way they could be emptied of their present occupants. We see the urgent need of practically doubling the number of special classes now available.

Not only the field of education should be actively concerned in the handling of this impressive problem, but others as well. It is a problem for the public to seriously consider from the standpoint of the common good. Turning from the field of education, for the moment, to that of biology and sociology, we may discuss the part to be played by these children as parents of future generations. We may also wonder at the future problems of adjustment and possible public support which will follow inevitably if these retarded children are not dealt with sympathetically, and given an understanding training in a manner calculated to develop their potentialities in both the intellectual and social spheres.

III. RESEARCH IN MENTAL DEFICIENCY.

In October, 1926, the Division inaugurated a research project in mental deficiency based on the large number of school clinic examinations which had accumulated. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system recently established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division.

The Director of the Division presented three papers before the International Congress on Mental Hygiene held at Washington, D. C., during May, 1930. The first of these, which made use of the above-mentioned material, was read before the American Association for the Study of the Feeble-minded, and was entitled "Abnormal Labor as an Etiological Factor in Mental Deficiency and Other Associated Conditions: Analysis of 20,473 Cases". The second, entitled "Mortality and Expectation of Life in Mental Diseases: Analysis of 18,000 Cases", was read before the American Psychiatric Association. The third paper was read before the section on Administration in Mental Hygiene and was entitled "Research Techniques in Mental Hygiene". The Director was appointed by officials of the International Congress to represent the United States on the Committee to study International Statistics on Mental Diseases.

Another publication entitled "Size of Family and Birth Order in Mental Diseases" was prepared and read by the Director before a joint meeting of the American Statistical Association and the American Sociological Society held in Washington, December 27-30, 1929.

The Director was appointed a member of the Sub-Committee on Mental Deficiency of the White House Conference on Child Health and Protection, and spent some time in Washington during the Conference. It was held in November, 1930. He contributed a paper to the White House Conference entitled "The Necessity for Central Registration of Mental Defectives".

Other papers published during the year are listed under Publications.

IV. PUBLICATIONS.

The following articles were published during the year 1930 by the Division:

- DAYTON, N. A. — The New Statistical System of the Massachusetts Department of Mental Diseases. *American Journal of Psychiatry*, 9: 779-802, March, 1930.
- DAYTON, N. A. — Size of Family and Birth Order in Mental Disease. *Publication of American Sociological Society*, 24: 123-137, May, 1930.
- DAYTON, N. A. — Research Techniques in Mental Hygiene. *Proceedings of the International Congress on Mental Hygiene*, Washington, 1930.
- DAYTON, N. A. — Abnormal Labor as an Etiological Factor in Mental Deficiency and Other Associated Conditions: Analysis of 20,473 Cases. *Proceedings American Association for Study of Feeble-minded*, 54: 1-54, 1930.
- DAYTON, N. A. — Difficulties in Determining the Inheritance of Mental Defect: The Present Definition. *New England Journal of Medicine*, 203: 73-76, July 10, 1930.
- DAYTON, N. A. — Correlation Between Intelligence and Physical Condition in 14,176 Retarded School Children. *Medical Journal and Record*, Vol. CXXXII No. 5: 222-224, September 3, 1930.

V. SOCIAL SERVICE.

The three social workers of the Division have carried on the work of supervising the cases committed to the Department and other cases of voluntary supervision. The Division assumes the supervision of selected cases which are referred by various social agencies in addition to cases which have been committed.

TABLE X. — *Statistical Survey of Cases — Division of Mental Deficiency. Social Service — Year Ended November 30, 1930.*

	I	Number of Cases	Total
Status — December 1, 1929			
Committed cases		7	
Voluntary cases		59	
Pending cases		75	141
Cases referred during year:			
Referred by public agencies		60	
Referred by private agencies		10	
Referred by D. M. D.		15	
Referred by individuals		5	
Other sources		5	
		95	
Reopened from previous years.		367	462
			603
Cases closed during year:	II		
Cases adjusted in homes; supervision no longer required		167	
Cases committed to institutions		2	
Committed cases, transferred to institutions		2	
Cases of epilepsy		3	
Cases in care of public agencies		200	
Cases in care of private agencies		6	380
Service rendered:	III.		
Placement			
Home		7	
Industry		18	
Recreation		35	
Investigations		64	
Histories		3	
Histories for Department		6	
Status — November 30, 1930:	IV.		
Committed cases		7	
Voluntary cases		138	
Pending cases		78	223
	V.		
Summary of Visits (three workers)			1,117

Table X summarizes the activities of the Divisional Social Service for the year 1930. On December 1, 1929, a total of 141 cases were under supervision. Four hundred sixty-two cases were referred during the year, making a total of 603 cases handled during 1930. Three hundred eighty cases were closed for various reasons during the year, leaving a total of 223 cases under care on November 30, 1930. Of this total 7 were cases which have been committed to the Department for community supervision, 138 were being supervised under voluntary status, and 78 cases were pending, the data not being complete. Many of the latter will be accepted for voluntary supervision as soon as investigations are completed. The social workers made a total of 1,117 visits during the year.

VI. COMMUNITY SUPERVISION.

Under Section 1 of Chapter 88, Acts of 1924, a plan was made possible for the community supervision of mental defectives. These cases are committed directly from the community to the Department without the necessity for institutional care. During 1930, 603 cases were under our care: 380 were discharged, and 223 remained under care at the end of the year.

We feel that the greatest development of possibilities for community care has not yet been attained owing to the fact that we have no financial provision to provide support for cases under commitment. This narrows our field somewhat and makes it necessary that we select only cases that are self-supporting. However, we have extended this service to many individuals who have not been committed to the Department, and have been of material assistance to other agencies in supervising community cases. We find a definite need for the temporary supervision of individuals who are going through trying periods of adjustment and who

do not need permanent assistance. Our service to agencies and individuals has been continued through conferences, investigations and advice in reference to particular problems.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a State-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives in the resident population. It seems advisable that we plan for a State-wide organization to carry on this task. While a central organization would probably be the most efficient there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in State schools, will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table IX we observed that .61 per cent of our

school population were diagnosed as mentally defective *during a single year*. This figure does not report all of the mental defectives within these school systems, but simply those examined during 1930. As the grammar curriculum provides either eight or nine grades, the possibilities for accumulation are obvious. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1930 were 4.6 per cent of the children entering school for the first time. If, of all public school children, one child in twenty-two is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary training, we enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented. In others they will diminish in exact proportion to the length of the training and supervision which are provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happy for the future of civilization, this is not the case. If this linkage were a reality, we should be divided into definite groups of very good and very bad people instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to properly train the older mental defective. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age; and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VII. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1930.

During the year 1929, the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis. The waiting lists are kept up to date at all times. Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from

these waiting lists for any reason whatsoever. This enables us to keep the lists balanced for the first of any calendar month. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On July 1, 1930, a total of 2,728 cases were on the waiting lists of the three State schools. Of these, 45 per cent were females and 55 per cent were males. It was found that a social agency of some type was the source of application for admission in 40 per cent of the male and 52 per cent of the female cases; the parents were the source of application in 26 per cent of the male and 19 per cent of the female cases; the officials of a town or county in 9 per cent of the male and 10 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 5 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that mental defect in the child was the cause of application in 47 per cent for both sexes together. Conduct was the primary reason in 23 per cent of both sexes. The home situation is given as the cause in 10 per cent for both sexes. Marked physical defect plus retardation is given as the cause in 4 per cent of the males and 4 per cent of the females; while sex difficulties were the source of application in .7 per cent of the male and 5.3 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting lists we observe that 14 per cent of the males had intelligence quotients between .0 and .29, while 11 per cent of the females fell in this group. The sexes were about even in the intelligence quotient groups .30-.49: 27 per cent for males and 26 per cent for females. In the moron group with intelligence quotients between .50 and .69, we observe that the females present 50 per cent as against 41 per cent for the males. In the I. Q. groups above .70 we observe 17 per cent of males and 11 per cent of females.

Comparing the males with the females we note that the males on the waiting lists distribute themselves more evenly throughout the various I. Q. groups. The females tend to group themselves in the moron classification, presenting 50 per cent in these groupings. The males on the waiting lists exceeded the females markedly in the idiot group and in the not mentally defective group. The imbecile class shows little difference, while the females show a much higher percentage among the morons.

In studying the ages of applicants on the waiting lists, we note that 61 per cent of the males are under 15 years of age, while but 37 per cent of the females fall in this group. Twenty-two per cent of both sexes fall in the age group 15-19 years. But 16 per cent of the males are placed on the waiting lists at ages of 20 years or above, as against 39 per cent of the females. Fifty-five cases on the list were 40 years of age or over. These cases make up .4 per cent of the males and 3.4 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins, congenital syphilitics, hydrocephalics, and epileptics. The females are in larger proportions in the mongols and the spastics. Of the cases not falling in these clinical groups, the males predominate among the idiots (males 10 per cent, females 9 per cent) and the group not mentally defective. Among the imbeciles, however, the females present the higher proportions (males 17 per cent, females 19 per cent). Among the morons there is little sex difference.

We also studied the source of application by county of residence, and compared this with the population of these counties in 1930. The highest rate of applications per hundred thousand population was observed in Barnstable County with a rate of 269 applicants; Dukes was second with 82; Suffolk third with 81; Franklin fourth with 72; and Middlesex and Plymouth fifth with 62 each. Nantucket, Bristol, Hampden, Hampshire, Norfolk and Berkshire presented the lowest rates, with 27, 35, 40, 42 and 48 persons on the application list per hundred thousand population of each county respectively.

The total of 2,728 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an addi-

tional State school to care for these mentally deficient individuals. New applications are accumulating at the rate of about 500 per year. This figure *excludes* the 300 cases admitted to State schools each year.

VIII. RECOMMENDATIONS.

Over the past three or four years there has been a definite tendency on the part of school superintendents to ask for advice in reference to cases showing little or no evidence of retardation. Many children show behavior difficulties which are not necessarily associated with retardation. This does not mean that these problems are any less real, or that the need for help is any less. Frequently the school superintendents bring their problems to our clinic psychiatrist and have been helped materially in dealing with specific difficulties. In this situation, of course, it is necessary to obtain the permission of the parents before the child is examined, as the law creating our school clinics provides for the examination of *retarded* children only.

It is recommended by the Director that the scope of the psychiatric school clinics be extended, and that these clinics assume the prerogatives of a habit clinic and an adjustment clinic in addition to their present activities. There are tremendous possibilities in this field. The community needs a service which can present qualified psychiatric advice on various child problems. There has been a steadily increasing demand for this type of service, and it is felt that it would be of incalculable value. May we mention again that the larger cities do not lack clinic facilities. The smaller communities however, are unable to provide a clinic of the same high standard in qualifications and experience. In extending the scope of the clinics to include these wider fields we would add materially to their usefulness. It is suggested that the clinic psychiatrists be given special training in the larger field, and that the law be amended so that *any* child presenting either intellectual or behavior deviations may be presented for examination.

It is evident that we are in serious need of follow-up work on another type of case which comes to the attention of the Division. Public schools would be much more successful in dealing with backward children if there were sufficient school nurses or visiting teachers to carry the supervision of these children into the home. The school can do a great deal, but there are other factors that require constant attention. There is also a great need in the follow-up of retardates after they have left special classes. A definite follow-up should be made of all cases of this type for three or four years after leaving the public schools. We find in many cases that the good work of the school is lost during the period in which there is a complete lack of any supervision whatsoever. The retardate is very apt to feel keenly the withdrawal of the support previously afforded by the school. It is during this period, when the child is between 16 and 21 years of age, that his untried financial judgment and partially formed social adjustments are put to the test. At this age children are easily discouraged and unable to deal with rebuffs. For the mental defective, the easiest way is to cease work, and to drift along in idleness at the expense of relatives or friends.

The Director feels that adequate social service should be available for certain selected cases following the school period, as such a service would prevent many social casualties among mental defectives. It is possible that this result may be attained through the extension of the supervision afforded by the local school system. That is, it may be advisable to extend the work of our visiting teachers and school nurses, etc., to render possible the supervision of children leaving special classes. Another suggestion is that social workers operating through the Division of Mental Deficiency could be of assistance in this particular matter. Whatever the method, it becomes more evident each year that the mental defective is having more and more difficulty in adjusting in the community, and that serious effort must be made to aid him in this adjustment.

It is also suggested that sufficient funds be made available to the Division for the purpose of maintaining those individuals who are committed directly to the Division of Mental Deficiency for community supervision. At the present time the community supervision is greatly handicapped as it is forced to select individuals who are self-supporting. This narrows the purpose of the Division work to a

serious degree. Very few mental defectives can work so steadily that they will never require temporary assistance over a period of economic stress. There are certain borderline cases who need only a little financial assistance from time to time to enable them to remain in the community. When these individuals become dependent, commitment to an institution is frequently attempted. A broad understanding of the needs of the many thousands of mental defectives in our communities who are partially self-supporting will indicate that temporary financial assistance should be available to tide these individuals over in time of financial stress. In this way many can remain in the community who otherwise would require admission to one of our state schools. The scope of the work of the Division would be widened and its usefulness markedly increased if the sum of \$5,000 were made available each year to enable the Division to support the above type of case at least temporarily.

At present there is a great need for research in mental deficiency. We have already mentioned the research project based upon 51,000 examinations of retarded children in the public schools. From time to time the Division publishes data from the analysis of these figures. This material is extremely valuable and the Director suggests the employment of an additional worker to assist in this activity.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 2,728 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his constant encouragement and unfailing support throughout the year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION.

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1930, as follows:

Visits to the Hospitals	146
Histories taken at the Hospitals	4,316
Visits to relatives of patients and others for investigation:	
By outside visits	5,572
By office calls	1,105
By telephone	1,455
Total investigations	8,132
Cases submitted for deportation to the U. S. Commissioner of Immigration	54
Cases submitted for deportation by the Department	149

Support cases, not including Ex-Service men of the World War.

Cases pending November 30, 1929	585
New cases	3,509
	4,094
Made Reimbursing	1,252
Accepted as State Charges	2,275
Pending November 30, 1930	567
	4,094

Reimbursing Cases.

Cases remaining in Hospitals November 30, 1929	2,506
New Cases	1,318
	3,824
Died	395
Discharged or on visit November 30, 1930	612
Dropped—accepted as State Charges	263
Transferred to other Institutions	55
Accepted by U. S. Veterans' Bureau	1
Remaining in Hospitals November 30, 1930	2,498
	3,824

Cases of Ex-Service men of the World War considered by the U. S. Veterans' Bureau for Support between November 30, 1929 and November 30, 1930.

Cases remaining November 30, 1929 in Hospitals	20
Returned from Visit	1
New Cases	45
Re-opened Cases	20
	86
Died	0
Discharged or on visit	63
Transferred to other State Institutions	7
Rejected	2
Made Reimbursing	0
Remaining in Hospitals November 30, 1930	14
	86
Ex-service men actually in the Hospitals November 30, 1930	354
Cases chargeable to Veterans' Bureau	14
Cases not yet chargeable (rejected or pending)	340
	354

Attorney-General Cases.

Cases pending in the office of the Attorney-General, November 30, 1929	47
Reported during the year	25
	72
Cases closed during the year	26
Cases pending November 30, 1930	46
	72

The system of Work Reports has been continued and the following report gives a further summary of the work of the Investigators and the clerical force.

There were 533 investigations made at various Probate Courts. In addition to their outside work the staff of Investigators spent 5,166 hours in the office in preparation for such work and in reporting the results of their investigations.

Two thousand five hundred forty-one letters were written concerning the general work of the Division and 1,568 letters concerning ex-service men and Veterans' Bureau matters. 444 clinical abstracts and 626 stencil forms were transmitted to the Veterans' Bureau. 5,773 documents relating to Probate matters were handled. 4,688 history slips were prepared for the use of the Investigators, and, including transfer records, a total of 5,938 histories were written.

Over 25,000 bills were sent out, not including bills sent to the Veterans' Bureau. Bills amounting to \$17,055 were rendered the Bureau during the year.

Receipts for Support of Reimbursing Patients.

HOSPITALS.	Year ending Nov. 30, 1929	Year ending Nov. 30, 1930	Total since Jan. 1, 1904
Psychopathic Hospital	\$1,464.29	\$1,464.58	\$33,543.86
Boston State Hospital	101,233.42	103,657.25	1,101,653.69
Danvers State Hospital	139,587.69	144,108.29	1,465,427.55
Foxborough State Hospital	54,277.89	57,830.74	362,811.64
Gardner State Colony	36,913.22	40,287.11	221,680.04
Grafton State Hospital	21,132.25	25,038.29	320,420.30
Medfield State Hospital	41,500.66	39,558.62	516,079.19
Northampton State Hospital	118,966.77	113,706.44	1,023,778.88
Taunton State Hospital	70,438.66	76,457.94	833,924.58
Westborough State Hospital	170,658.71	165,882.20	1,336,617.98
Worcester State Hospital	101,138.00	103,502.14	1,138,451.58
Monson State Hospital	25,504.53	23,378.02	257,414.09
Belchertown State School	7,391.73	7,408.65	34,652.96
Fernald State School	24,582.68	23,714.83	203,124.06
Wrentham State School	11,967.85	13,438.93	79,083.83
State Infirmary	9,501.96	4,981.94	69,161.93
Bridgewater State Hospital	3,143.59	2,817.57	85,506.77
Hospital Cottages	233.76	123.30	1,970.50
Family Care	208.53	168.25	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$939,846.19	\$947,525.09	\$9,106,942.41

Yearly Totals from January 1, 1904.

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,525.09
	\$9,106,942.41

Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1930.

INSTITUTIONS.	Daily Average Number		Average Weekly Per Capita Rate	Number October 1, 1930		United States Deportation Cases		Soldier Cases	
						Daily Average Number	Average Weekly Per Capita Rate	Daily Average Number	Average Weekly Per Capita Rate
	M.	F.		M.	F.	M.		M.	F.
Boston	95.69	203.53	\$6.69	95	217	—	—	2.20	1.00
Psychopathic . . . . .	.20	.14	15.14	—	—	.09	\$35.00	.58	—
Danvers	135.20	249.36	7.10	120	285	—	—	—	—
Foxborough	47.27	92.08	7.62	45	100	—	—	1.06	.73
Gardner	42.94	49.36	7.59	28	52	—	—	—	—
Grafton	19.35	35.89	6.76	22	38	.35	35.00	.84	—
Medfield	34.65	73.27	7.42	30	70	.07	35.00	.78	—
Northampton	101.27	202.05	6.87	83	220	—	—	.35	—
Taunton	66.85	118.12	7.70	54	128	—	—	.94	.33
Westborough	105.76	306.76	7.72	111	319	—	—	1.44	2.09
Worcester	91.94	168.60	7.46	88	153	.12	35.00	3.07	—
Tewksbury	2.68	13.05	7.62	2	14	—	—	.16	—
Bridgewater	1.59	—	5.10	1	—	—	—	3.41	—
Monson, Sane	25.30	40.46	—	29	54	—	—	—	—
Insane	2.50	3.23	6.23	1	2	.97	35.00	—	—
Belchertown	13.27	11.85	6.10	15	16	—	—	—	—
Fernald School	43.86	39.50	5.90	55	40	—	—	—	—
Wrentham	26.33	20.26	5.31	37	29	—	—	—	—
Family Care	—	1.11	3.58	1	1	—	—	—	—
Hospital Cottages	1.56	—	2.99	—	—	—	—	—	—
Total	\$58.21	1,628.62	\$ 7.31	817	1,738	1.60	\$35.00	14.83	4.15
								\$15.00	

This report shows that the total collections on account of reimbursements for support of patients were \$947,525.09. Of this amount \$18,104 was received for the support of ex-service men of the World War, leaving a balance of \$929,421.09, as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$39.25.

I am also submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1929, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$9,106,942.41.

It will be seen that the total amount collected by this Division for the year ending November 30, 1930 is \$7,678.90 more than for the year ending November 30, 1929.

This Division has an active reimbursing list of approximately 2,500, the maximum rate in any case being \$10. per week and the minimum rate being \$1. per week.

Investigations by this Division have resulted in the deportation to other states and countries of 172 patients during the year ending November 30, 1930. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10. per week, this would seem to have effected a saving to the Commonwealth of about \$894,000.

Respectfully submitted,
PAUL A. GREEN, *Chief Examiner.*

ACKNOWLEDGEMENT.

Grateful appreciation is herewith expressed to the Laura Spelman Rockefeller Fund for the appropriation which has made possible our present research project in the epidemiology of mental diseases. This investigation is being conducted over the three-year period July, 1928 to July, 1931, inclusive. By means of this Fund certain facts are being recorded relative to the ten-year discharges and the resident population of all Massachusetts mental hospitals and state schools, utilizing the new statistical system now installed.

GEORGE M. KLINE, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1930, is respectfully submitted.

A statistical research study of cases in our State Hospitals and Schools was inaugurated in November, 1926, and put into actual operation on March 22, 1927. A group of eight workers was placed in the field on this date to commence the coding of data and to install the new statistical system in all institutions supervised by the Department. The arbitrary date of September 30, 1926 was selected for the initiation of the system as it enabled us to summarize the situation at the end of the statistical year. The survey group coded all cases on the books of each institution on September 30, 1926, and all admissions and discharges between that date and May 22, 1927.

Deficiencies in statistics on mental diseases in the past have been due to the fact that no data on the resident population of institutions was available. Consequently, the first duty which was assumed was the coding of the material in reference to all cases on the books of mental hospitals. A special course was held at one of the institutions to instruct one or more clerks from each hospital in the new system. Beginning with May 22, 1927, the regular work of coding cases on all new admissions and discharges was taken over by the statistical clerk at each hospital.

By April 1, 1928, the installation of the statistical system was completed. During the thirteen months' period which it had taken to finish the entire work, approximately 28,000 cases were coded on resident population and on discharges. This coding not only comprised the recording of data on the statistical card, which gives a complete general summary of each patient, but included also a special card (No. 1) for recording the time spent out of the institution by each patient on visit, escape, parole or family care. In addition, a change of diagnosis card was made out whenever a new determined diagnosis was given to a patient. Thus, the 28,000 coded cases were represented by a total of approximately 45,000 cards. Owing to the frequent psychologic examinations of the patients at the feeble-minded schools, the changes of diagnosis cards were much more numerous than at the mental hospitals, sometimes as many as ten changes of intelligence quotient being recorded on a single case. These cards afford valuable material on the changes in I. Q. at various ages of mentally defective children.

We have now at the Department a Powers punch card on file representing the latest status of every patient in every Department institution and, in addition, all patients at the McLean Hospital, the Mental Wards at Tewksbury, Bridgewater, and the two U. S. Veterans' Hospitals, No. 95 and No. 107, Northampton and Bedford, which are supervised by the Department. We have likewise on file, punch cards recording statistical data on every patient discharged since September 30, 1926. These cards may be used at any time that special questions come up for solution, and are a ready source of information for data on resident or discharge cases.

RESEARCH PROJECT.

The results of the above statistical survey and the availability of the data which it represented were so striking that the Commissioner, Dr. George M. Kline, applied to the Laura Spelman Rockefeller Fund for financial assistance in continuing the work to apply to the discharges at each of the State Hospitals and Schools over the ten-year period 1916-1926.

Through the generosity of this Fund the continuance of this work was made possible. A three-year program was established for the coding of the new material and for the study of the data upon its completion. The grant was allowed in July, 1928, and on August 1, 1928, research group No. 1, consisting of eight workers, was placed at the Boston State Hospital to commence the coding on the ten-year discharges. A second group, consisting of four workers, was organized in September, 1928. This was increased to eight workers on November 13, 1928. A third group was placed in the field July 17, 1929.

During the year ended November 30, 1930, 20,886 cases were coded by the three research groups. This work was carried on in seven institutions and involved a total of 28,595 statistical cards, insofar as certain cases required more than one type of card to complete the descriptive data. The cases completed during the last year, 1930, together with the work completed in 1928 and 1929, make a total of approximately 64,000 cases and approximately 88,000 statistical cards added to our files during the period of the research project.

As the research groups completed their work at the respective hospitals, they were gradually disbanded, the last group leaving the field in June, 1930. Eight members from the groups were retained in order to assist in the final checking up at the various institutions and in the completion of all details of the field work. They were later transferred to the main Department to do further checking and filing of the statistical cards on hand. At the close of the year, the working force engaged in carrying on the research project consisted of an office group of eleven and an executive group of two persons, making a total of thirteen employees.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times. The members of the Committee are as follows:

Dr. C. Macfie Campbell, Professor of Psychiatry, Harvard University.

Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene.

Dr. George M. Kline, Commissioner, Massachusetts Department of Mental Diseases.

Dr. James V. May, Superintendent, Boston State Hospital, and Chairman of Committee on Statistics, American Psychiatric Association.

Dr. Edwin B. Wilson, Professor of Vital Statistics, Harvard School of Public Health.

Respectfully,

NEIL A. DAYTON, *Director*.

REPORT OF THE DIVISION OF STATISTICS.

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1930, is respectfully submitted.

The State Board of Insanity of Massachusetts was first created by an Act of the Legislature of 1898. This Board was provided with supervisory and advisory powers over all public and private institutions and homes caring for the insane and over the feeble-minded, the epileptic and the inebriate. Previously, these powers had been vested in the State Board of Lunacy and Charity. The new Board superseded the latter, however, and was given broader and more extensive powers.

The State Board of Insanity was composed of five members who received remuneration from the State for their services, and an executive head who received compensation. Its functions were as follows: To supervise the twenty-nine State, municipal, and private institutions for the insane, feeble-minded, epileptic, dipsomaniac and inebriate which existed in 1899; to supervise insane patients under care in private families; to supervise the insane and feeble-minded in city and town almshouses, and those in private families in care of the Overseers of the Poor; and, finally, to supervise all matters relating to the transportation of patients within and without the State.

The trustees and officers of the various institutions supervised by the Board were, in most particulars, legally responsible for the administration of the institutions and for the care of the patients therein. The Board was of valuable assistance, however, in improving and standardizing many of the practices at the individual hospitals.

A census made on October 1, 1899, showed that 9,739 persons were under the supervision of the Board. Of these, 8,282 persons were classified as insane, 1,091 as feeble-minded, and the remainder as epileptic and inebriate. Although the majority of these patients were being cared for in State institutions, their financial

support was divided between cities, towns, private individuals, and the State.

In 1904 the question of financial support for the dependent insane was definitely settled when the State took over the entire support of these persons. Patients were transferred from almshouses and private homes as fast as new facilities could be provided. By 1908, when the Boston Insane Hospital (now the Boston State Hospital) became a part of the State Hospital system, no insane patients were cared for in almshouses. A small number were being cared for in private families, but these were given very careful supervision.

The same policy of State support was also gradually applied to the feeble-minded, the epileptic, and the inebriates who were dependent upon public support, although a considerable number of these classes are still cared for in almshouses.

With the passing years, the supervisory powers of the State Board of Insanity were extended, while those of the trustees of the institutions were limited. In addition, mandatory powers were vested in the Board. These extended not only to public institutions, but to private hospitals as well. In 1914, the unpaid Board of five members with an executive head was replaced by a paid Board of three members, in accordance with Chapter 762 of the Acts of 1914.

On August 1, 1916, the State Board of Insanity was abolished and in its place the Massachusetts Commission on Mental Diseases, with a Director as its executive head, was established in accordance with Chapter 285 of the General Acts of 1916. New powers were added to those already vested in the Board which the Commission now superseded.

In accordance with Chapter 350 of the General Acts of 1919, which provided for the reorganization of State Departments, the Commission became the Department of Mental Diseases on December 1, 1919, with the executive head designated as "Commissioner". No new powers were given the Department.

The State Hospital system has continued to keep pace with current developments that are of interest to social psychiatry. Social work throughout the State was given added impetus and its scope extended by the Commissioner and the Department. Two new Divisions were established in 1922; (1) the Division of Mental Hygiene, and (2) the Division of Mental Deficiency. Later, in 1924, the Division for the Psychiatric Examination of Prisoners was established under the Department.

At the present time the Department has under its direct management eleven State Hospitals (including the Boston Psychopathic Hospital), three State Schools for the feeble-minded, and one State Hospital for epileptics, (Monson). It has almost completed the construction of a new hospital for the insane (Metropolitan State Hospital), the building of which was authorized by the Legislature in 1927. In addition, the Department supervises patients in two other State institutions which are not directly under its jurisdiction. These are (1) the mental wards, Tewksbury State Infirmary, and (2) the Bridgewater State Hospital, which cares for the criminal insane. The Department also supervises all insane, feeble-minded, inebriate persons, and drug addicts in the care of private hospitals and homes. The Veterans' Bureau Hospitals for the insane in Massachusetts also come under the supervision of the Department: the Veterans' Hospital No. 95 at Northampton, and the Veterans' Hospital No. 107 at Bedford.

Much of the administrative procedure in the public institutions has been standardized by the Department. It has created safeguards to patients through legislation, particularly with regard to uniform and enlightened methods of admission and of treatment. Through its licensing power, it has also provided supervision over private hospitals and private homes.

The Department, as well as the preceding Commission and Board, has always been responsible for the collection and compilation of statistics relating to the insane, feeble-minded, epileptic and inebriate persons and drug addicts cared for in public and private institutions or homes throughout the State.

Since the latter part of 1926, the Statistical Division of the Department has been reorganized. A new system of recording data on all patients within the purview of the central office has been established and put into effective operation, both at the individual institutions and at the central Department. By means of this new method, complete centralization of procedure has been effected, and the scope of

information and data on our patient population, both insane and feeble-minded, has been tremendously increased. At the present time the Statistical Division is completing the statistical work for each of the fifteen institutions under the Department. In addition, the system has been installed and is made use of at Bridge-water, mental wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively, making a total of twenty institutions in all coming under the Department system. The institutions simply send a statistical card to the Department indicating the admission, discharge or death of each patient, and at the end of the year a set of the eighteen National Committee for Mental Hygiene tables are made up and returned to the institution for publication in its annual report. This removes all statistical work from the institution, making use of the machine equipment of the central office to relieve institutions of these duties.

In the past we have adhered rather closely to the set-up of the National Committee tables which were based upon first admissions, readmissions, discharges and deaths of regularly committed cases only. Insofar as this particular type of case made up only about fifty per cent of our total admissions, we were receiving a very incomplete picture of the actual statistics on all types of admissions and discharges. The 1928 report of the Department of Mental Diseases was the first making use of the new statistical system, and presented radical changes from the old statistical set-up.

The 1930 report of the Department is the third making use of the new statistical system, and has been enlarged in certain respects. The 165 tables in the 1929 report have been increased. The new tables have permitted the amplification of the more important subjects and a finer analysis of other significant factors in mental disease and mental deficiency.

The present report contains tables of first admissions on all forms of admission, that is, admissions on regular court commitment, admissions for temporary care, on observation, on voluntary status, and transfers. The scope of the tables in reference to discharges and patients dying in institutions has been enlarged.

A section of tables which include information in reference to the three schools for mental defectives is incorporated in this report. These tables discuss various aspects in connection with admissions, discharges, deaths and the resident population of the three state schools.

Respectfully,

NEIL A. DAYTON, *Director*.

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DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ended November 30, 1930, by Institution.

INSTITUTIONS	Year of Opening.	Number Patients under Nov. 30	Number Total Admissions. ¹	ACREAGE			VALUATION (See notes)							Total.
				Total Acres.	Buildings Sites and Grounds.	Under Cultivation.	Land. ⁵	Buildings and Betterments ⁶	Personal Property ⁷	Farm and Garden Products.	Industrial.			
<i>Hospital for Mental Diseases:</i>														
Boston Psychopathic	1912	72	1,882	2.	2.	—	\$59,300.00	\$553,568.68	\$54,153.93	—	\$654.50	\$667,677.11		
Boston State . .	1839 ²	2,264	656	236.517	101.667	134.85	709,508.00	2,783,803.95	361,332.04	\$19,426.21	23,222.00	3,897,292.20		
Danvers . . .	1878	2,029	818	517.00	247.00	270.00	99,012.00	2,669,011.01	292,795.20	101,158.14	29,754.69	3,191,731.04		
Foxborough . . .	1893	1,009	239	352.4	268.90	83.50	35,400.00	1,730,686.25	276,824.98	39,007.25	16,500.00	2,098,418.48		
Gardner . . .	1902	1,209	197	1,856.00	1,533.75	322.25	41,125.00	1,283,927.86	552,213.03	88,673.71	36,395.83	1,799,335.43		
Grafton . . .	1915 ³	1,493	130	1,068.6	802.35	266.25	37,200.00	1,360,003.03	251,378.94	83,151.35	20,626.11	1,754,359.43		
Medfield . . .	1896	1,814	267	670.83	460.83	210.00	54,330.00	1,659,028.63	315,149.99	85,021.19	35,570.11	2,149,099.92		
Metropolitan . .	1930 ⁴	375	—	371.99	371.99	—	67,422.00	3,359,156.81	183,354.66	5,656.90	—	3,615,590.37		
Northampton . .	1858	1,511	526	491.7	295.20	196.50	169,465.00	1,694,642.51	204,906.38	76,255.77	8,418.05	2,153,687.71		
Taunton . . .	1854	1,447	549	456.88	298.71	158.17	63,000.00	1,138,367.44	253,419.88	62,203.44	29,653.89	1,546,644.65		
Westborough . .	1886	1,368	488	763.93	447.78	316.15	68,770.00	1,057,649.74	328,471.03	68,675.81	20,717.21	1,544,283.79		
Worcester . . .	1833	2,294	737	589.16	414.16	175.00	467,130.00	2,150,370.13	466,817.34	85,949.68	26,776.66	3,197,043.81		
Monson (epileptic).	1898	1,291	232	661.79	539.79	122.00	17,645.00	985,682.61	314,258.06	52,438.36	17,679.95	1,387,703.98		
Total . . .		18,721	6,721	8,038.797	5,784.127	2,254.67	\$1,889,307.00	\$22,425,898.65	\$3,655,075.46	\$766,617.81	\$265,969.00	\$29,002,867.92		
<i>Schools for Mental Defectives:</i>														
Belchertown . . .	1922	1,011	155	774.1	623.1	142.00	\$32,302.25	\$2,300,387.38	\$258,537.58	\$64,517.96	\$3,147.17	\$2,658,892.34		
Walter E. Fernald . .	1848	1,696	104	2,037.19	1,731.19	306.00	138,861.00	1,416,463.31	344,588.51	98,086.47	32,166.79	2,030,166.08		
Wrentham . . .	1907	1,510	183	590.00	456.50	133.50	31,362.00	1,445,623.59	320,452.28	71,390.28	19,876.70	1,888,704.85		
Total . . .		4,217	442	3,401.29	2,819.79	581.50	\$202,525.25	\$8,162,474.28	\$923,578.37	\$233,994.71	\$55,190.66	\$6,577,763.27		
Grand Total . . .		22,393	7,163	11,440.087	8,603.917	2,836.17	\$2,091,832.25	\$27,588,372.93	\$4,578,653.83	\$1,000,612.52	\$321,159.66	\$35,580,631.19		

¹During Statistical Year Ending September 30, 1930.²Taken over by State in 1908.³Part of Worcester State Hospital from 1877 to 1915.⁴Opened October 29, 1930.⁵Valuation as per Sec. 13 to 17, Chapter 58, General Laws.⁶Valuation by committee of Comptroller and Representatives of Institutional Departments.⁷Valuation as per regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1930 — by Institutions.*

INSTITUTIONS.	Number Patients Actually in Institutions.	Number Total Admissions. ¹	Total	NUMBER OF OFFICERS AND EMPLOYEES.						NUMBER OF PATIENT'S TO EACH		
				Physi- cians.	Resident Dentists.	Industrial and Educa- tional De- partment.	Social Workers.	Graduate Nurses.	Other Nurses and At- tendants.	All Others.	Resident Physician.	Nurse and At- tendant.	Em- ployee.
<i>Hospitals for Mental Diseases:</i>												
Boston Psychopathic	72	1,882	150	10	1	2	5	14	36	82	7.20	1.44
Boston State	2,264	656	468	12	1	13	4	18	244	176	188.67	8.64
Danvers	2,029	818	369	10	1	7	3	21	187	140	202.90	9.75
Foxborough	1,009	239	207	7	0	4	2	10	90	94	144.14	10.09
Gardner	1,209	197	232	6	1	10	1	7	114	93	201.50	9.99
Grafton	1,493	308	308	7	1	7	1	14	127	151	213.29	10.59
Medford	1,814	267	359	8	1	8	1	13	184	143	226.85	9.21
Metropolitan	375	—	102	2	0	1	0	1	38	60	187.50	9.62
Northampton	1,511	526	283	9	1	4	2	6	147	114	167.89	9.88
Taunton	1,447	549	314	9	1	6	3	21	153	121	160.78	8.32
Westborough	1,368	488	304	7	1	9	1	18	129	142	195.43	9.31
Worcester	2,294	737	472	12	1	9	3	39	234	174	191.17	8.40
Monson (epileptic)	1,291	232	277	7	1	3	1	9	140	116	184.43	8.66
Total	18,176	6,721	3,845	106	11	80	28	191	1,823	1,606	171.47	9.02
<i>Schools for Mental Defectives:</i>												
Belchertown	1,011	155	196	6	1	14	2	1	94	78	168.50	10.64
Walter E. Fernald	1,696	104	291	8	0	34	3	1	192	53	212.00	8.79
Wrentham	1,510	183	258	5	1	23	3	0	162	64	302.00	9.32
Total	4,217	442	745	19	2	71	8	2	448	195	221.95	9.37
Grand Total	22,393	7,163	4,590	125	13	151	36	193	2,271	1,801	179.14	9.09
												4.88

¹During Statistical Year Ending September 30, 1930.

TABLE C. — *Average Weekly Per Capita Costs¹ for Maintenance and Operation for the Period 1917 to 1930, by Institution.*

INSTITUTIONS.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.	1930.
<i>Hospitals for Mental Diseases:</i>														
Boston Psychopathic	25.95	30.91	32.29	36.90	41.84	42.38	50.92	48.57	48.94	49.62	51.01	51.99	58.51	55.20
Boston State	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73	6.83	6.94	7.00	7.15	7.18
Danvers	5.61	6.94	5.49	7.24	6.59	6.24	7.09	6.52	6.45	6.93	6.80	6.79	7.24	6.97
Foxborough	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27	8.50	8.85	8.08	7.81	7.75
Gardner	5.02	6.13	6.42	6.92	6.70	6.43	6.97	6.42	6.73	6.37	6.64	6.81	6.93	6.95
Grafton	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13	6.36	6.85	6.80	6.98	7.37
Medfield	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36	6.04	6.58	6.55	6.97	6.82
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.00	6.43	6.23	6.41	6.64	6.43	6.22
Taunton	5.57	6.28	6.34	6.65	6.43	6.15	6.69	7.13	6.71	6.56	7.28	7.26	7.38	7.35
Westborough	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.36	7.32	8.75	7.78	7.50	7.32
Worcester	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78	6.29	7.03	6.97	7.21	7.09
Monson (epileptic)	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62	6.52	6.85	6.89	6.99	7.42
Average per capita cost including Psychopathic.	5.71	6.76	6.41	7.45	7.08	6.68	7.11	6.99	7.02	6.86	7.22	7.28	7.37	7.33
Average per capita cost excluding Psychopathic.	5.57	6.61	6.25	7.27	6.86	6.46	6.88	6.77	6.80	6.65	7.00	7.04	7.13	6.97
<i>Schools for Mental Defectives:</i>														
Bachertown	—	—	—	—	—	—	3.25	9.19	8.06	7.86	8.03	8.02	8.42	8.03
Walter E. Fernald	4.68	5.49	6.00	6.70	7.07	6.51	6.70	7.08	6.99	7.16	7.18	7.09	7.09	7.19
Wrentham	4.37	5.61	5.54	6.95	6.80	6.43	7.34	6.79	6.81	6.37	6.76	6.65	7.05	6.62
Average per capita cost	4.64	5.54	5.80	6.81	6.95	6.47	7.65	7.32	7.14	7.01	7.19	7.13	7.37	7.25
Average per capita cost of all Institutions	5.54	6.56	6.31	7.34	7.06	6.64	7.20	7.05	7.04	6.89	7.21	7.25	7.37	7.32

¹This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1930 Inclusive.*

INSTITUTIONS.	1917. %	1918. %	1919. %	1920. %	1921. %	1922. %	1923. %	1924. %	1925. %	1926. %	1927. %	1928. %	1929. %	1930. %
Hospitals for Mental Diseases:														
Boston Psychopathic	—	—	—	—	.06	2.45	1.55	3.68	2.05	1.46	1.06	1.79	—	—
Boston State	5.09	4.28	5.24	7.21	7.12	6.97	9.61	11.39	7.63	15.27	15.26	13.95	12.05	.59
Danvers	5.71	4.47	7.31	7.49	8.71	11.69	11.02	14.72	12.32	22.76	24.04	23.36	19.34	12.21
Foxborough	3.08	1.36	1.65	3.97	4.21	4.49	3.95	7.17	6.29	11.89	11.65	13.18	19.34	19.55
Gardner	1.63	.75	.38	1.32	1.11	1.31	1.59	4.68	2.89	6.82	7.70	7.38	13.73	14.30
Grafton	2.06	1.52	2.26	2.76	2.59	3.16	2.04	5.13	1.98	3.86	4.55	3.58	8.79	9.19
Medfield	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48	6.18	6.77	7.63	3.76	4.22
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	6.26	6.02
Northampton	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15	30.10	28.72	25.83	25.86	—
Taunton	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36	16.24	15.81	14.58	12.28	23.18
Westborough	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18	31.31	31.62	30.32	30.35	13.17
Worcester	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62	14.53	13.57	13.74	12.00	29.45
Monson (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82	6.28	7.29	7.24	5.70	12.28
Average	4.11	3.53	3.88	5.28	5.41	6.21	6.09	9.75	7.12	14.78	14.82	14.36	13.12	4.86
Schools for Mental Defectives:														
Belchertown	—	—	—	—	—	—	.02	.20	.36	1.72	1.59	2.39	1.95	1.85
Walter E. Fernald	1.07	.78	.64	1.19	1.22	1.64	1.12	1.82	2.17	4.20	4.33	5.51	4.03	3.82
Wrentham	.41	.14	.15	.38	.28	1.40	.43	.46	1.04	1.46	1.89	2.94	2.35	2.62
Average	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33	2.73	2.87	3.90	2.93	2.90
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08	12.57	12.66	12.49	11.27	11.16
Family Care under Department	9.95	6.84	.60	—	—	18.25	—	4.21	23.67	6.30	4.59	4.26	5.54	3.65

Note: — See Tables showing number and percentage paying patients on page 90 for Institutions for the Insane, Feeble-minded and Epileptic.

TABLE E. — *Percentage of Total Net Expenditures by the State, Expended for the Care of the Mental Diseases, Mental Defectives, and Epileptics from 1913 to 1930.*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR.	Total Expended by the State.	Total Expended for Care of Insane, Feeble-minded and Epileptic.	Percent- age.
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84

¹Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

Note. — The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available, for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1930.*

INSTITUTIONS	Capacity.	Patients in Institutions	OVERCROWDING	
			Number.	Percent- age.
<i>Mental Hospitals.</i>				
Worcester State Hospital	2,152	2,288	136	6.31
Taunton State Hospital	1,174	1,528	354	30.15
Northampton State Hospital	1,660	1,506	154 ¹	9.27
Danvers State Hospital	1,723	2,078	355	20.60
Westborough State Hospital	1,233	1,464	231	18.73
Boston State Hospital	1,897	2,260	363	19.13
Boston Psychopathic Hospital	126	76	50 ¹	39.67
Grafton State Hospital	1,152	1,564	412	35.77
Medfield State Hospital	1,544	1,833	289	18.71
Gardner State Colony	1,118	1,190	72	6.44
Foxborough State Hospital	910	1,022	112	12.30
Mental Wards, State Infirmary	673	807	134	19.91
Bridgewater Hospital	908	942	34	3.74
Total	16,270	18,558	2,288	14.06
<i>State Schools.</i>				
Walter E. Fernald State School	1,504	1,679	175	11.63
Wrentham State School	1,402	1,505	103	7.34
Belchertown State School	960	975	15	1.55
Total	3,866	4,159	293	7.58
<i>Epileptic.</i>				
Monson State Hospital	1,131	1,290	159	14.05
Aggregate	21,267	24,007	2,740	12.88

¹Decrease or undercrowding.

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905–1930, inclusive.*

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING	
			Excess ¹ Number of Patients.	Percentage.
1905.				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital (epileptic)	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906.				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital (epileptic)	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907.				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital (epileptic)	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908.				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital (epileptic)	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909.				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital (epileptic)	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910.				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital (epileptic)	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911.				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital (epileptic)	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912.				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital (epileptic)	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913.				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital (epileptic)	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914.				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital (epileptic)	976	963	-13	-1.33
Total	15,834	16,396	562	3.54

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1930, inclusive.* — Continued.

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity	Actual Number of Patients in Institution.	OVERCROWDING	
			Excess ¹ Number of Patients.	Percentage.
1915.				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital (epileptic)	968	1,015	47	4.86
Total	16,436	17,095	659	4.03
1916.				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital (epileptic)	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917.				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital (epileptic)	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918.				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital (epileptic)	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919.				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital (epileptic)	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920.				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital (epileptic)	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921.				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital (epileptic)	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922.				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital (epileptic)	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923.				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital (epileptic)	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924.				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital (epileptic)	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22

TABLE G. — Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1930, inclusive. — Concluded.

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING	
			Excess ¹ Number of Patients.	Percent- age.
1925.				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital (epileptic)	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31
1926.				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital (epileptic)	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34
1927.				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital (epileptic)	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928.				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	362	10.19
Monson Hospital (epileptic)	967	1,214	247	25.54
Total	20,580	22,908	2,329	11.31
1929.				
State Hospitals	16,161	18,150	1,989	12.30
State Schools	3,654	3,941	287	7.85
Monson Hospital (epileptic)	1,037	1,241	204	19.67
Total	20,852	23,332	2,480	11.89
1930.				
State Hospitals	16,270	18,558	2,288	14.06
State Schools	3,866	4,159	293	7.58
Monson Hospital (epileptic)	1,131	1,290	159	14.05
Total	21,267	24,007	2,740	12.88

¹Minus sign indicates decrease in number of patients or percentage undercrowding.

Note:— The above rated capacities are based upon the following unit of floor area established by the State Board of Insanity in 1905.

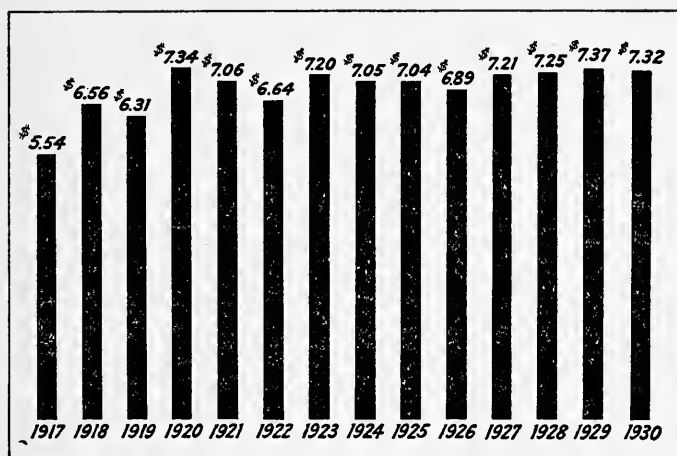
"Fifty square feet per patient in day rooms, an equal amount in dormitories and 100 square feet in rooms used continuously by the sick in bed or other classes, with the exception that in buildings where the patients are all quiet, clean able-bodied and out of doors most of the day, the day space has been reduced to 30 square feet." This limit has been uniformly followed with only minor changes necessary by factors peculiar to a few hospitals.

TABLE H. — *Paying Patients, Number and Per Cent in State Hospitals on September 30, 1904-1930, inclusive.*¹

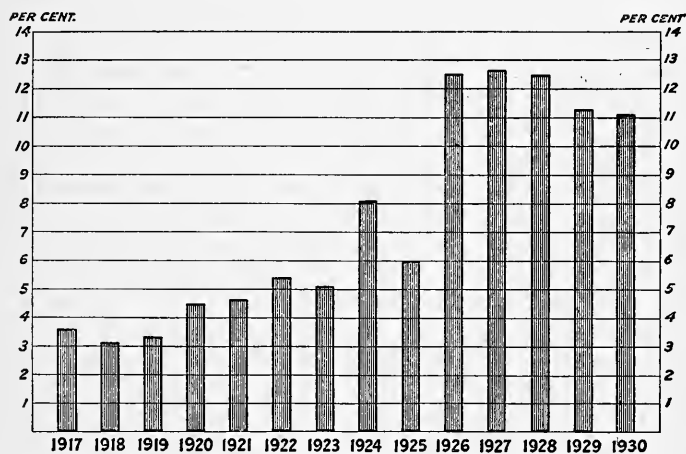
YEAR.	Number of Patients in Institutions.	Number of of Paying Patients.	Percentage of Resident Patients.
1904.	10,100	1,189	11.7
1905.	10,071	1,217	12.1
1906.	10,237	1,299	12.7
1907.	10,602	1,300	12.3
1908.	11,460	1,390	12.1
1909.	11,994	1,488	12.4
1910.	12,562	1,462	11.6
1911.	12,972	1,521	11.3
1912.	13,481	1,585	11.8
1913.	13,949	1,603	11.5
1914.	14,202	1,503	10.6
1915.	14,786	1,506	10.2
1916.	15,054	1,535	10.2
1917.	15,434	1,512	9.8
1918.	15,476	1,595	10.3
1919.	15,217	1,548	10.2
1920.	15,678	1,526	9.7
1921.	16,428	1,683	10.2
1922.	16,810	1,604	9.5
1923.	17,051	1,985	11.6
1924.	17,515	1,916	10.9
1925.	17,990	2,051	11.4
1926.	18,149	2,194	12.1
1927.	18,573	2,282	12.3
1928.	18,997	2,336	12.2
1929.	19,391	2,345	12.0
1930.	19,848	2,361	11.0

¹Includes Mental Wards, Tewksbury, Bridgewater and Monson (epileptic).TABLE J. — *Paying Patients, Number and Per Cent in State Schools on September 30, 1904-1930, inclusive.*

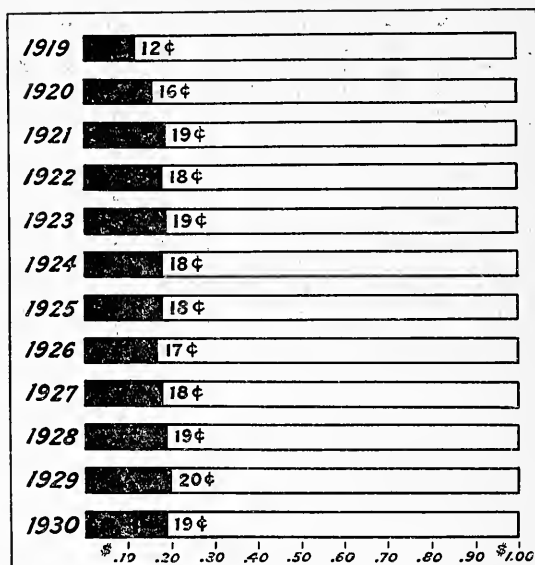
YEAR.	Number of Patients in Schools.	Number of Paying Patients.	Percentage of Resident Patients.
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1930.



GRAPH B. — PERCENT OF COST OF MAINTENANCE FOR ALL PATIENTS COLLECTED FROM PAYING PATIENTS, 1917 TO 1930.



GRAPH C. — PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919 TO 1930.

STATISTICAL REVIEW.

MENTAL DISEASES

Section A. General Discussion of All Classes under Care in Mental Hospitals, 1930, and Previous Years.

Section A is devoted to a general discussion of all classes under treatment, and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1930. Other items of general interest, including the legal forms of admission to mental hospitals, are outlined.

ALL CLASSES UNDER CARE, 1930.

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1930, and comprises cases actually within institutions.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1930.*

LOCATION	Total All Forms	With Psychoses	WITHOUT PSYCHOSES.			
			Epileptic	Mentally Defec- tive	Borderline or Dull ²	Other Groups
<i>Public Institutions.</i>						
Boston State	2,260	2,205	—	13	—	42
Boston Psychopathic	76	57	3	4	—	12
Danvers	2,078	2,021	—	1	—	56
Foxborough	1,022	993	—	19	—	10
Gardner	1,190	1,127	—	57	—	6
Grafton	1,564	1,552	—	8	—	4
Medfield	1,833	1,826	—	1	—	6
Northampton	1,506	1,449	—	39	—	17
Taunton	1,528	1,508	—	1	—	19
Westborough	1,464	1,441	—	1	—	22
Worcester	2,288	2,233	—	14	—	41
Monson (epileptic)	1,290	711	576	—	—	3
Mental Wards (State Infirmary)	807	775	—	32	—	—
Bridgewater	942	893	2	33	—	14
Family Care under Department	14	14	—	—	—	—
Belchertown State School	975	—	—	932	43	—
Walter E. Fernald State School	1,679	—	—	1,650	29	—
Wrentham State School	1,505	—	—	1,450	55	—
Hospital Cottages for Children	94	—	2	77	15	—
Almshouses ¹	109	—	—	109	—	—
Total	24,224	18,805	584	4,441	142	252
<i>Private Institutions.</i>						
McLean Hospital	206	195	—	—	—	11
U. S. Veterans' Hospital No. 95	552	532	—	4	—	16
U. S. Veterans' Hospital No. 107	488	473	—	—	—	15
Eighteen other private institutions	328	138	5	109	—	76
Total	1,574	1,338	5	113	—	118
Total — All Classes under Care	25,798	20,143	589	4,554	142	370

¹Taken from Report of Overseers of Poor, 1930.

²Patients not mentally defective, I. Q. .75 or over.

There were 25,798 patients of all classes under treatment in institutions (both public and private) on September 30, 1930. Compared with the population of Massachusetts as of April 1, 1930*, this makes a rate of 607 patients under treatment for each 100,000 in the general population, or one person in 164. Of this total number 20,143 (78.1 per cent) were insane; 589 (2.2 per cent) were epileptic sane cases; 4,554 (17.7 per cent) were mentally defective; 142 (.6 per cent) were borderline or dull admissions; and 370 (1.4 per cent) were classified as "other groups without psychoses."

The total number under care in public institutions was 24,224 or 94.0 per cent. The total number under care in private institutions was 1,574 or 6.0 per cent.

*Estimated population as of April 1, 1930, 4,249,614.

During the last statistical year the number of patients under treatment has increased from a total of 25,154 on September 30, 1929, to a total of 25,798 on September 30, 1930, an increase of 644 patients. Those under care in public institutions have had a total increase of 501 while those under care in private institutions has a total increase of 143. No one institution has contributed materially to this total increase of patients, for a comparison of this data with that for the statistical year ended September 30, 1929, shows that nearly every institution has increased the number of its patients under care.

(a) *The Insane.*

The total cases held as insane in institutions on September 30, 1930, numbered 20,143. This is at the rate of 473 per hundred thousand of the population of the State or one to every 211 of the population.

The total insane in public institutions numbered 18,805, a rate of 442 per hundred thousand of the estimated population of the State. There was an increase over the previous year of 769 in the insane actually within public institutions.

The total insane under private care increased 138 as compared with an increase of 33 for the previous year. This increase is due chiefly to the increase of patients at the U. S. Veterans' Hospital No. 107.

(b) *The Mentally Defective.*

There were 113 mentally defective cases in private institutions, and 4,441 cases in public institutions, making a total of 4,554 cases in both public and private institutions. This is at the rate of 107 per hundred thousand of the population of the State. There was an increase of 115 for the year as compared with an increase of 112 for the previous year.

(c) *The Epileptic Sane.*

The epileptic population not classified as insane numbered 589, most of whom were cared for in public institutions. The rate for this group is 13 per hundred thousand of the population of the State. This year shows a decrease of 328 in these cases.

(d) *Borderline or Dull.*

One Hundred and forty-two cases were classified as "borderline" or "dull" during the last statistical year. These comprise chiefly children who were admitted to state schools for the mentally defective. The rate of admission for this group is 3 per hundred thousand of the general population.

(e) *Other Groups Without Psychoses.*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 370, with 252 or 68.1 per cent of this number in public institutions and 118 or 31.9 per cent in private institutions. The rate for this class as a whole is 8. admissions per each hundred thousand of the general population of the state. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality or other cases admitted to hospitals that have not been classified as having a psychosis.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1930.

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1930 inclusive. The insane have shown an increase of 11,794 patients over the 27-year period, representing a percentage increase of 112.0. The number of patients in schools for the mentally defective showed an increase of 3,710 over the same period, representing a percentage increase of 438. The total increase of all patients on the books of both public and private institutions since 1904 was 16,756, representing a percentage increase of 143.

There has been an average annual increase of 657 patients on the books of all institutions over the past 27 years (Table 3). This increase was greatest for the State Hospitals and McLean, the average increase of patients being 472 per year. The State schools as a group showed an average annual increase of 139 patients per year. The private institutions for insane, inebriates, etc., and the private institutions for the mentally defective, showed average annual increases of 40, and 4 respectively.

TABLE 2. — *Patients on Books of All Public and Private Institutions September 30, 1904-1930.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.	PRIVATE INSTITUTIONS. ²	
				For Insane, Inebriates, etc.	Mentally Defective
1904	11,705	10,519	847	259	80
1905	12,495	11,111	1,028	279	77
1906	13,159	11,665	1,120	298	76
1907	13,602	12,021	1,228	276	77
1908	14,440	12,752	1,332	282	74
1909	15,107	13,298	1,443	293	73
1910	15,996	13,968	1,654	294	80
1911	16,859	14,720	1,772	273	94
1912	17,640	15,274	1,985	283	98
1913	18,396	15,964	2,049	293	90
1914	18,414	15,759	2,366	222	67
1915	19,196	16,434	2,471	229	62
1916	20,203	17,020	2,873	250	60
1917	20,659	17,403	2,947	250	59
1918	21,510	17,934	3,115	297	164
1919	21,578	17,919	3,219	281	159
1920	21,716	18,123	3,163	269	161
1921	22,556	18,738	3,375	306	137
1922	23,199	19,467	3,315	285	132
1923	23,964	19,774	3,762	282	146
1924	24,897	20,043	4,075	629	150
1925	25,565	20,526	4,125	765	149
1926	25,646	20,607	4,145	737	157
1927	25,911	20,843	4,162	747	165
1928	26,802	21,218	4,304	1,120	170
1929	27,289	21,575	4,363	1,124	227
1930	28,461	22,313	4,557	1,389	202

¹Includes Insane in Family Care under the Department, McLean Hospital, Bridgewater and Tewksbury.

²Increase, largely due to U. S. Veterans' Hospital No. 107 being admitted to Statistical System as a licensed Institution, Aug. 11, 1928.

TABLE 3. — *Annual Increase of Patients on Books, 1904-1930.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.	PRIVATE INSTITUTIONS.	
				For Insane, Inebriates, etc.	Mentally Defective.
1904	1,018	980	47	-1 ²	-8
1905	790	592	181	20	-3
1906	664	554	92	-19	-1
1907	443	356	108	-22	1
1908	838	731	104	6	-3
1909	667	546	111	11	-1
1910	889	670	211	1	7
1911	863	752	118	-21	14
1912	781	554	213	10	4
1913	756	690	64	10	-8
1914	18	-205	317	-71	-23
1915	782	675	105	7	-5
1916	1,007	586	402	21	-2
1917	456	383	74	-	-1
1918	851	531	168	47	105
1919	68	-15	104	-16	-5
1920	138	204	-56	-12	2
1921	840	615	212	37	-24
1922	643	729	-60	-21	-5
1923	765	307	447	-3	14
1924	933	269	313	347	4
1925	668	483	50	136	-1
1926	81	81	20	-28	8
1927	265	236	17	10	8
1928	891	375	142	373 ³	5
1929	477	357	59	4	57
1930	1,162	738	194	265	-25
Average 27 years	(657)	(472)	(139)	(40)	(4)

¹Includes Insane in Family Care under the Department, McLean Hospital, Bridgewater and Tewksbury.

²Minus sign indicates decrease.

³Increase due largely to U. S. Veterans' Hospital No. 107 becoming a licensed institution Aug. 11, 1928.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1930.

Tables 4 and 5 show, respectively, the number of patients actually within public institutions and McLean Hospital on September 30 of each year from 1904 to 1930, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 13,511 patients actually occupying hospital beds, representing a percentage increase of 126.2. The average annual increase over the 27-year period is 528.

TABLE 4. — *Total Patients within Institutions September 30, 1904-1930.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.
1904	10,702	9,855	847
1905	11,279	10,251	1,028
1906	11,541	10,421	1,120
1907	12,035	10,807	1,228
1908	13,010	11,678	1,332
1909	13,656	12,213	1,443
1910	14,346	12,779	1,567
1911	14,831	13,189	1,642
1912	15,547	13,702	1,845
1913	16,002	14,080	1,922
1914	16,603	14,409	2,194
1915	17,177	14,868	2,309
1916	17,848	15,266	2,582
1917	18,317	15,644	2,673
1918	18,448	15,685	2,763
1919	18,360	15,621	2,739
1920	18,712	15,892	2,820
1921	19,586	16,645	2,941
1922	19,865	17,016	2,849
1923	20,504	17,265	3,239
1924	21,179	17,719	3,460
1925	21,804	18,211	3,593
1926	22,033	18,373	3,660
1927	22,607	18,820	3,787
1928	23,128	19,216	3,912
1929	23,539	19,598	3,941
1930	24,213	20,054	4,159

¹Includes McLean Hospital, Bridgewater, and Tewksbury.

TABLE 5. — *Annual Increase of Patients within Institutions, 1904-1930.*

YEAR.	Total.	State Hospitals ¹ .	State Schools.
1904	766	719	47
1905	577	396	181
1906	262	170	92
1907	494	386	108
1908	975	871	104
1909	646	535	111
1910	690	566	124
1911	485	410	75
1912	716	513	203
1913	455	378	77
1914	601	329	272
1915	574	459	115
1916	671	398	273
1917	469	378	91
1918	131	41	90
1919	-88 ²	-64	-24
1920	352	271	81
1921	874	753	121
1922	279	371	-92
1923	639	249	390
1924	675	454	221
1925	625	492	133
1926	229	162	67
1927	574	474	127
1928	521	396	125
1929	411	382	29
1930	674	456	218
Average 27 years	(528)	(404)	(120)

¹Includes McLean Hospital, Bridgewater and Tewksbury.

²Minus sign indicates decrease.

The number of patients within institutions for the insane and McLean Hospital has shown a total increase of 10,199 since 1904, a percentage increase of 100.04. The average annual increase was 404.

The patients within State Schools showed an increase of 3,312 over the 27-year period, and a percentage increase of 391.0. The average annual increase was 120.

PATIENTS "ON VISIT" FROM STATE HOSPITALS, 1929 AND 1930.

Table 6 shows the total number of cases on the books of each state hospital, the total number out "on visit" and the percentage out "on visit" on September 30, for the years 1929 and 1930. It will be observed that the total number of patients on the books increased during 1930. The total number out "on visit" likewise showed an increase during the last statistical year, the percentage being 7.5 in 1929 and 8.4 in 1930. With the exception of the Gardner and Northampton State Hospitals, Bridgewater and Mental Wards at Tewksbury, there has been a general increase in the percentage of patients out "on visit" from each hospital during the past year.

TABLE 6. — *Patients on Visit from State Hospitals September 30, 1929-1930.*

HOSPITALS.	1929			1930		
	Number on Books.	Number on Visit.	Percent- age.	Number on Books.	Number on Visit.	Percent- age.
Boston State	2,471	178	7.2	2,471	197	8.0
Boston Psychopathic	115	38	33.0	143	67	46.8
Danvers	2,229	252	11.3	2,392	287	12.0
Foxborough	1,098	71	6.4	1,159	95	8.2
Gardner	1,234	48	3.9	1,314	43	3.2
Grafton	1,562	13	.8	1,606	31	1.9
Medfield	1,910	46	2.4	1,962	94	4.7
Northampton	1,679	241	14.3	1,699	174	10.2
Taunton	1,684	171	10.1	1,735	199	11.5
Westborough	1,695	184	10.8	1,743	245	14.0
Worcester	2,565	246	9.5	2,689	314	11.6
Monson	1,350	101	7.5	1,415	113	8.0
Bridgewater	942	2	.2	947	2	.2
Tewksbury	808	10	1.2	814	3	.3
Total	21,342	1,601	7.5	22,089	1,864	8.4

The total number of patients out "on visit" and "on escape" for each year 1904-1930 inclusive is shown in Table 7. As will be observed, the percentage "on visit" showed a steady increase from 1904-1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these is given separately for the years 1920 through 1930. The percentage of patients "on visit" from State Hospitals varied somewhat during the last ten years. The percentage of patients "on escape" likewise shows some variation, with a tendency to decrease during the last two years. On the whole, there has been no significant variation in the percentage of cases out "on visit" or "escape" over the last ten or twelve years.

TABLE 7. — *Number of Patients on Visit and on Escape from State Hospitals, and Total Patients on Books, 1904-1930 inclusive.*¹

YEAR.	Total Patients on Books.	Patients on Visit and Escape ² .	Patients on Visit	Patients on Escape	Percentage on Visit and Escape.	Percentage on Visit.	Percentage on Escape.
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxboro, sane epileptics at Monson, and patients in family care under the Department.

²Includes escapes up to 1920.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER DEPARTMENT, 1930.

During 1930, 82 new cases were admitted to family care under the authority of the trustees of the various state hospitals and under the Department, (Table 8). This is a decrease of 30 over the previous year. At the beginning of the statistical year (October 1, 1929) there were 170 patients in family care, while at the close of the year (September 30, 1930) there were 169 patients remaining. Three new cases were admitted to family care under the Department of Mental Diseases during 1930. At the beginning of the year there were 17 cases and at the end of the year there were 14 cases remaining in family care under the Department. Three cases were discharged.

TABLE 8. — *Family Care under Institution Trustees and Under the Department during 1930.*

HOSPITALS.	Patients in Family Care September 30, 1929			Number Admitted during year.			Patients remaining in Family Care September 30, 1930.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	—	7	7	—	4	4	—	9	9
Danvers	—	16	16	—	6	6	—	14	14
Gardner	12	50	62	3	39	42	9	57	66
Grafton	—	11	11	1	2	3	1	6	7
Medfield	—	8	8	—	4	4	—	8	8
Northampton	—	7	7	—	—	—	—	6	6
Taunton	—	5	5	—	2	2	—	4	4
Westborough	10	16	26	6	5	11	12	14	26
Worcester	1	10	11	—	7	7	1	14	15
Total for Hospitals	23	130	153	10	69	79	23	132	155
Under Department	—	17	17	—	3	3	—	14	14
Grand Total	23	147	170	10	72	82	23	146	169

The annual cost for the care of patients in family care under the Department is shown in Table 9, together with similar costs for the preceding year. The cost for patients boarded out under the supervision of the various state hospitals is borne by the individual institution.

TABLE 9. — *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1929-1930.*

	FISCAL YEAR ENDING.	
	Nov. 30, 1929.	Nov. 30, 1930.
Payments for board	\$3,747.24	\$3,314.89
Average number of patients exclusive of private patients	17.73	15.41
Weekly per capita cost of board	\$4.05	\$4.12
Payments for extra clothing not included in board rate	—	\$32.57
Payments for medical attendance, etc., not included in board rate	\$18.00	—
Weekly per capita cost of such expense outside of board rate	\$.02	\$.03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.)	\$4.07	\$4.15
Payments for supervision (being transportation, salaries and expenses of visitors)	\$2,378.93	\$2,343.82
Average number of patients	18.73	16.45
Weekly per capita cost of supervision	\$2.42	\$2.07
Weekly per capita cost of support and supervision	\$6.49	\$6.22

EX-SERVICE MEN IN STATE HOSPITALS, 1929 AND 1930.

On September 30, 1929 there were 421 ex-service men in state hospitals, while on September 30, 1930 there were 374, (Table 10). The daily average number on the books during the last statistical year was 372.65, while the daily average number actually cared for during the year was 334.56.

TABLE 10. — *Number of Ex-Service Men on Books of State Hospitals, September 30, 1929-1930.*¹

	1929			1930		
	M.	F.	T.	M.	F.	T.
Number on Books September 30	414	7	421	369	5	374
Daily average number on books during year	409.07	7.35	416.42	368.03	4.62	372.65
Daily average number actually in during year	350.46	6.36	356.82	229.94	4.62	334.56

¹All State Hospitals, Bridgewater and Tewksbury.

LEGAL FORMS OF ADMISSION TO HOSPITALS FOR MENTAL DISEASES AND EPILEPSY.

For the convenience of those unfamiliar with the legal procedure in admitting patients to Massachusetts State Hospitals, the following paragraphs are inserted to describe the outline of the legal forms in use at the present time.

1. Commitment of Insane: Sec. 51, Chap. 123, G. L.

- a. Application.
- b. Medical Certificate by two physicians graduated from a legally chartered medical school or college and in actual practice for three years last preceding the making of the oath.
- c. Order of commitment by justice of the Superior Court in any county and either of the judges of Probate for Suffolk County, the judge of Probate for Nantucket County, or a justice or *special* justice of a district court.

2. Commitment for Observation: Sec. 77, Chap. 123, G. L.

- a. Application.
- b. Medical certificate by two qualified physicians.
- c. Order of commitment for thirty-five days by judge.
- d. Report of Hospital Superintendent to judge relative to commitment from observation.
- e. If insane, after observation, commitment by judge.
- f. Discharge by superintendent if not insane.

3. Temporary care of persons needing immediate care and treatment because of mental derangement other than drunkenness: Sec. 79, Chap. 123, G. L. as amended by Chap. 222, Acts of 1929.
 - a. Commitment limited to ten days.
 - b. Application may be made by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectmen, police officer of a town, or by an agent of the institutions department of Boston.
4. Commitment of persons violently insane without order of the Court: Emergency admission, Sec. 78, Chap. 123, G. L.
 - a. Certificate of two qualified physicians.
 - b. Period of detention, five days.
 - c. Applicant responsible for commitment or removal within five days.
5. Voluntary admission: Sec. 86, Chap. 123, G. L.
 - a. For admission of insane persons, inebriates or narcotic addicts on a voluntary basis, who make written application therefore and are mentally competent to make the application.
 - b. Cannot be detained for more than three days after having given three days' written notice of intention to leave.
6. Commitment of persons under complaint or indictment: Sec. 100, Chap. 123, G. L.
 - a. Commitment pending the determination of insanity, under such limitations as the Court may order.
 - b. Report of Hospital Superintendent to the court when patient is restored to sanity and return of patient to custody of court from which he was removed.
7. Commitment of persons acquitted of murder, etc., by reason of insanity: Sec. 101, Chap. 123, G. L.
 - a. Committed to State Hospital for life.
 - b. Discharge by Governor upon recommendation of Department of Mental Diseases.
8. Examination of alleged insane prisoners in the State Prison, Massachusetts Reformatory, Prison Camps and Hospital, Reformatory for Women, by psychiatrists designated by the D. M. D., Sec. 102, Chap. 123, G. L. as amended by Chap. 213, Acts of 1929.
9. Removal of insane prisoners to state hospitals committed under Sec. 102; Sec. 103, Chap. 123, G. L.
 - a. Removal of insane prisoner to Bridgewater State Hospital if a male, or one of the state hospitals, if a female.
 - b. Report of hospital superintendent to court if in his judgment patient should be returned to prison.
10. Commitment of insane prisoners under sentence in jail, house of correction, or prison other than those named in Sec. 102; — Sec. 104, Chap. 123, G. L.
 - a. Report of physician to jailer regarding insanity of prisoner.
 - b. Transmitting of above report to judge.
 - c. Removal of insane prisoners to state hospitals.
11. Commitment of insane epileptics: Sec. 69, Chap. 123, G. L.
 - a. Commitment to Monson State Hospital of insane epileptics if not criminal, inebriate or violently insane.
 - b. Commitment to Monson State Hospital of dangerous epileptics, in the manner provided for the commitment of dipsomaniacs and inebriates.
12. Voluntary admission of epileptics to Monson State Hospital: Sec. 87, Chap. 123, G. L.
 - a. Certificate of epilepsy by physician.
 - b. Written application of patient who is mentally competent to make the application.
 - c. Cannot be detained more than three months after having given written notice of intention to leave.

For purpose of statistical treatment, the various modes of admission have been classified under four headings:

1. *Regular Court Commitment.* — Under regular commitment are included commitments under Sec. 51; Regular commitment from observation, 77; 101 (as amended by Sec. 3, Chap. 467, Acts of 1923); 103, 104, and 69; Chap. 123, G. L.; and Sec. 62 (as amended by Sec. 4, Chap. 535, Acts of 1922).
2. *Observation.* — Observation cases are patients admitted under authority of Sec. 100, Chap. 123, G. L.; and Sec. 77, Chap. 123, G. L. as amended by Chap. 19, Acts of 1924.
3. *Temporary Care.* — Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chap. 123, G. L.; Chap. 307, Acts of 1910; and Chap. 142, Acts of 1918.
4. *Voluntary.* — Voluntary cases are patients admitted under authority of Sec. 86, Chap. 123, G. L.; as amended by Chap. 132 of the Acts of 1926; and Sec. 87, Chap. 123, G. L.

Section B. All Admissions to Mental Hospitals during 1930.

The following section discusses data in reference to regular court admissions, temporary care admissions, observation admissions, voluntary admissions and transfers to State hospitals during 1930. The discussion of all readmitted cases is likewise included in this section.

ALL FIRST AND READMISSIONS DURING 1928, 1929 AND 1930.

Table 11 shows the number admitted under the various forms of admission of all first and readmissions during 1928, 1929 and 1930. In the aggregate for both groups we observe that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but showed a perceptible increase to 6,421 in 1930. This same fluctuation is observed in the court, and voluntary first admissions over the three-year period. The first admissions on temporary care showed a decrease over the three-year period, while first admissions for observation showed a steady increase in numbers.

Readmissions under the various forms show a continued increase over the three-year period, being 1,158 in 1928; 1,180 in 1929; and 1,292 in 1930. This increase is especially noted in the court and observation readmissions.

It would seem from this table that there is a growing tendency to use the observation and voluntary forms of admission more frequently. The increase in voluntary admissions, interesting as it measures the willingness of individuals, to come to the mental hospital of their own free will.

TABLE 11. — *First and Readmissions to State Hospitals During 1928, 1929 and 1930, by Form of Admission and Sex.*¹

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F	2,976	2,351	1,491	652	125	83	625	388	137	70	30

¹Includes all State Hospitals, Bridgewater and Tewksbury.

COURT FIRST ADMISSIONS AND READMISSIONS 1929 AND 1930.

During 1930, a total of 3,837 patients were admitted under regular commitment as insane to the state hospitals and McLean (Table 12). Of these, 3,134 or 82 per cent were first admissions, and 703 or 18 per cent were readmissions. There was an

increase of 174 in the total admissions during 1930, comprising an increase of 129 first admissions and 45 readmissions. The total admission rate for 1930 was 90 per 100,000 of the population of the State (1930 census). The first admission rate was 74 and the readmission rate was 16.

TABLE 12. — *First Admissions and Readmissions by Court Commitment¹ to State Hospitals, 1929 and 1930, by Hospital.*

HOSPITALS. ²	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	1929	1930	1929	1930	1929	1930
Boston State	503	431	425	385	78	96
Boston Psychopathic	139	183	122	166	17	17
Danvers	569	618	452	502	117	116
Foxborough	166	202	139	168	27	34
Gardner	91	65	73	52	18	13
Grafton	25	44	21	36	4	8
Medfield	143	185	104	140	39	45
Northampton	483	483	397	408	86	75
Taunton	425	457	350	372	75	85
Westborough	436	410	347	310	89	100
Worcester	483	500	412	414	71	86
Monson (epileptic)	10	23	10	23	—	—
Bridgewater	57	65	44	53	13	12
Tewksbury	55	50	53	48	2	2
McLean	78	71	56	57	22	14
Total	3,663	3,837	3,005	3,134	658	703

¹For forms of admissions included under court commitment see page 101 of text.

²Includes McLean Hospital.

FIRST COURT COMMITMENTS, 1904-1930, INCLUSIVE.

The total number of regular court first admissions to all public and private hospitals for the insane and epileptic is shown for the period 1904 to 1930 inclusive, in Table 13. When studied over a period of years, the first regular court admissions probably give the best rough index of the magnitude of mental disease throughout the State. Although there was some fluctuation over the 27-year period, the general trend has remained somewhat stationary, and rather indicates that there is no perceptible increase in mental disease in this State.

TABLE 13. — *First Court Commitments (First Admissions) to Public and Private Hospitals for the Insane and Epileptic 1904-1930 Inclusive.*

YEAR.	TOTAL, ALL HOSPITALS.		State Hospitals ²	McLean.	Private.
	Number.	Rate per 100,000 General Population. ¹			
1904	3,160	80.9	2,337	89	28
1905	2,237	72.4	2,136	72	29
1906	2,120	67.3	1,990	87	43
1907	2,463	76.8	2,286	128	49
1908	2,555	78.3	2,383	108	64
1909	2,536	76.5	2,340	111	85
1910	2,677	79.4	2,470	112	95
1911	2,680	78.4	2,459	106	115
1912	2,772	79.9	2,562	98	112
1913	3,247	92.6	3,024	84	139
1914	3,112	87.1	2,925	61	126
1915	3,264	90.6	3,087	60	117
1916	3,323	87.8	3,109	76	138
1917 ³	4,315	82.6 ⁴	4,097	62	156
1918 ³	3,894	72.5 ⁴	3,702	64	128
1919 ³	4,011	78.8 ⁴	3,752	64	195
1920	3,009	77.6	2,768	51	190
1921	3,310	84.5	3,054	45	211
1922	3,508	88.4	3,325	31	152
1923	3,006	75.0	2,786	50	170
1924	3,208	78.8	2,879	53	274
1925	3,134	77.4	2,902	63	169
1926	3,071	73.5	2,821	70	175
1927	2,953	69.8	2,765	73	125
1928	3,423	80.3	3,075 ⁵	64	284 ⁶
1929	3,218	73.4	2,949	56	213
1930	3,250	76.4	3,077	57	116

¹Population estimated for intercensal years.²Includes Bridgewater and Tewksbury.³Includes Temporary Care Admission to State Hospitals.⁴Estimated, less Temporary Care Admissions.⁵Includes 24 first admissions on court commitment, R. C. 69 Sane Dangerous, at Monson.⁶Increase due to U. S. Veterans' Hospital No. 107 becoming a licensed institution, August 11, 1928.

TEMPORARY CARE ADMISSIONS, 1930.

Table 14 shows the total first admissions and readmissions under temporary forms to State Hospitals and McLean during 1930. There was a decrease of 42 in the numbers admitted between 1929 and 1930. The total for the former year was 1,734, and for the latter year, 1,692. One thousand three hundred and eighty cases or 81.5 per cent were admitted under this status for the first time, and 312 or 18.5 per cent were readmitted. The rate per 100,000 of the population of the State (1930 Census) for all admissions under temporary care is 39; for first admissions 32; and for readmissions 7.

TABLE 14. — *First Admissions and Readmissions of Temporary Care Cases¹ to State Hospitals, 1930, by Hospital.*

HOSPITALS. ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	82	60	22
Boston Psychopathic	1,431	1,171	260
Danvers	70	59	11
Foxborough	5	4	1
Gardner	14	12	2
Grafton	—	—	—
Medfield	12	9	3
Northampton	14	12	2
Taunton	24	18	6
Westborough	7	5	2
Worcester	23	20	3
Monson (epileptic)	1	1	—
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	9	9	—
Total	1,692	1,380	312

¹For forms of admission included under temporary care see page 101 of text.

This table includes only temporary care cases not followed by court commitment.

²Includes McLean Hospital.

OBSERVATION ADMISSIONS, 1930.

The total number of cases admitted to State Hospitals during 1930 under observation status is 659, (Table 15). This is an increase of 164 over the previous year. Four hundred fifty-eight cases, or 70 per cent of the total, were admitted under observation for the first time, while 201, or 30 per cent, were readmitted. The rate per 100,000 of the population of the State (1930 Census) is 15 for total admissions; 11 for first admissions and 4 for readmissions on this status.

TABLE 15. — *First Admissions and Readmissions of Observation Cases¹ to State Hospitals, 1930, by Hospital.*

HOSPITALS. ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	63	19	44
Boston Psychopathic	203	160	43
Danvers	97	74	23
Foxborough	18	13	5
Gardner	7	7	—
Grafton	2	—	2
Medfield	14	3	11
Northampton	25	19	6
Taunton	48	41	7
Westborough	33	12	21
Worcester	125	97	28
Monson (epileptic)	—	—	—
Bridgewater	23	12	11
Tewksbury	—	—	—
McLean	1	1	—
Total	659	458	201

¹For forms of admission included under commitment for observation see page 101 of text. This table includes only observation cases not followed by court commitment.

²Includes McLean Hospital.

VOLUNTARY ADMISSIONS, 1930.

Table 16 shows the first admissions and readmissions of voluntary care cases to State Hospitals during the year 1930. The total patients admitted under this status is 309, an increase of 83 over the preceding year. Two hundred twenty-four cases, or 73 per cent, were first admissions, and 85 cases, or 27 per cent, were readmissions.

TABLE 16. — *First Admissions and Readmissions of Voluntary Care Cases¹ to State Hospitals, 1930, by Hospital.*

HOSPITALS. ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	—	—	—
Boston Psychopathic	63	52	11
Danvers	1	—	1
Foxborough	4	1	3
Gardner	12	7	5
Grafton	—	—	—
Medfield	3	—	3
Northampton	1	—	1
Taunton	10	4	6
Westborough	8	2	6
Worcester	5	4	1
Monson (epileptic)	160	129	31
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	42	25	17
Total	309	224	85

¹For forms of admission included under voluntary care see page 101 of text.

²Includes McLean Hospital.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1930.

The voluntary care admissions and the rate per 100,000 of the estimated population of the state for each year 1911 to 1930, inclusive, is shown in Table 17. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1930, there were 437 voluntary admissions to public and private institutions.

TABLE 17. — *Voluntary Care Admissions to Public and Private Institutions 1911-1930*¹.

(Rate per 100,000 estimated population of State, 1930.)

YEAR.	Number.	Rate.	YEAR.	Number.	Rate.
1911	359	10.52	1921	805	20.58
1912	414	11.96	1922	813	20.53
1913	788	22.45	1923	304	7.56
1914	931	26.15	1924	403	10.00
1915	963	26.67	1925	330	8.00
1916	765	20.60	1926	341	8.15
1917	895	24.12	1927	416	9.83
1918	865	23.00	1928	419	9.70
1919	880	23.09	1929	448	10.22
1920	641	16.60	1930	437	10.28

¹All public and private institutions for the insane and epileptic.

LEGAL STATUS OF ALL COURT ADMISSIONS.

Table 18 shows the legal status of all regular court first admissions to all Hospitals under the Department of Mental Diseases during the year 1930. Of the total of 3,182 regular court admissions, 1,669 or 52.4 per cent were admitted outright under regular court commitment; 981 or 30.8 per cent had been held under a temporary care status immediately preceding the court commitment; 115 or 3.6 per cent had been held under a temporary care and observation form of admission preceding the regular commitment; 414 or 13.0 per cent had been admitted for observation immediately preceding the regular commitment; and 3 or .09 per cent had had one or more short term forms of other types preceding the regular court commitment.

TABLE 18. — *Legal Status of All Court Admissions to All Hospitals for the Year Ended September 30, 1930*¹.

FORMS OF ADMISSION. ²	FIRST ADMISSIONS.		READMISSIONS.	
	Number.	Percent- age.	Number.	Percent- age.
Regular Court	1,669	52.45	348	44.50
Temporary Care and Court	981	30.83	339	43.35
Temporary Care, Observation and Court	115	3.61	37	4.72
Observation and Court	414	13.02	51	6.54
Others and Court	3	.09	7	.89
Total	3,182	100.00	782	100.00

¹Unless otherwise stated, the following tables include all State Hospitals, McLean Hospital, Bridge water, Tewksbury, and U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95.²For forms of admissions included under these headings see pages 101 of text.

In the readmissions, 348 or 44.5 per cent were admitted outright on regular court commitment. Three hundred thirty-nine, or 43.3 per cent were preceded by a temporary care admission; 37, or 4.7 per cent were preceded by a temporary care and observation admission; 51, or 6.5 per cent had an observation admission only preceding the court commitment; and 7, or .89 per cent had some other short term form of admission preceding the regular court commitment. In both the first and readmission cases, the various forms noted previous to the regular court admission immediately preceded the latter status without the patient having left the hospital. The forms of admission as shown in Table 18 indicate the general procedure which is typical to all institutions in admitting patients on regular commitment.

While not included in the table, it is interesting to know that of the 2,017 court admissions not preceded by temporary forms, 775 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

LEGAL STATUS OF ALL CASES ADMITTED FOR FIRST TIME DURING 1930.

Table 19 gives the percentage distribution of the various forms of legal status for the total 5,274 cases admitted for the first time to State Hospitals for Mental diseases during 1930. In considering the total for all institutions, we see that the regular court commitment was used more than any other form, as 32.2 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 26.2 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 18.6 per cent of cases; observation and court commitment, 7.8 per cent; and observation commitment alone 6.4 per cent. Voluntary admissions, 2.9 per cent, were next in order of importance. The following institutions had the largest proportion of patients sent to them through regular court commitment: Westborough State Hospital 72.6 per cent; Medfield State Hospital 65.8 per cent; and Foxborough State Hospital 52.6 per cent. The following institutions had this commitment form used in the smallest proportion of admissions: Gardner State Hospital, 34.6 per cent; Danvers State Hospital, 29.3 per cent; and Monson State Hospital, 27.0 per cent.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 75.0 per cent of cases admitted on this form. Gardner State Colony with 15.4 per cent, and Boston State Hospital with 12.9 per cent followed in order. Monson State Hospital with .6 per cent, Westborough State Hospital with 1.5 per cent, and Foxborough State Hospital with 2.2 per cent, used the temporary care form the least of any of the institutions.

In the use of the combination of temporary care and court commitment Danvers State Hospital stood first with 36.4 per cent. There followed in order the Northampton Hospital with 31.2 per cent, Boston State Hospital with 27.2 per cent, and Gardner State Colony with 27.0 per cent. This combination was used the least by the Grafton State Hospital with 2.8 per cent, Westborough State Hospital with 6.1 per cent, and Boston Psychopathic Hospital, with 9.6 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1930.

Table 20 shows the percentage distribution in legal status of all cases readmitted to State Hospitals for mental diseases during 1930. In considering the total for all institutions, we observe again that the regular court commitment was used more than any other form, 26.2 per cent of all readmissions entering the hospitals by this means. The combination of temporary care and court commitment was second, 24.0 per cent. The temporary care form alone was used in 21.7 per cent of cases; observation form alone in 11.6 per cent; voluntary form alone in 5.4 per cent; while temporary care and observation, followed by court commitment was used the least, 2.6 per cent.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State Hospitals for mental diseases during 1930:

Percentage Distribution in Legal Status of All Cases Admitted for the First Time, and all Readmissions, 1930.

	All Cases Admitted for First Time	All Readmitted Cases
Court Commitment	32.2	26.2
Temporary Care	26.2	21.7
Observation	6.4	11.6
Voluntary	2.9	5.4
Temporary Care and Court Commitment	18.6	24.0
Temporary Care, Obs. and Court Commitment	2.2	2.6
Observation and Court Commitment	7.8	3.6
Others and Court Commitment	.1	.5
Other Combinations	3.6	4.4
Total	100.00	100.00

TABLE 19. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1930, by Hospital — Number and Percentage Distribution.*

LEGAL STATUS.	TOTAL.		BOSTON STATE.		BOSTON PSYCHOPATHIC		DANVERS.		FOXBOROUGH.		GARDNER.		GRAFTON.		MEDFIELD.		NORTH-AMPTON.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,694	32.2	229	49.3	1	.1	186	29.3	98	52.6	27	34.6	26	72.2	100	65.8	222	50.5
Temporary Care.	1,375	26.2	60	12.9	1,163	75.0	59	9.3	4	2.2	12	15.4	—	—	9	5.9	12	2.7
Observation.	339	6.4	15	3.2	145	9.4	41	6.5	9	4.8	3	3.8	—	—	1	.7	10	2.3
Voluntary	158	2.9	—	—	6	.4	—	—	—	—	6	7.7	—	—	—	—	—	—
Temporary Care and Court	981	18.6	126	27.2	147	9.6	231	36.4	35	18.8	21	27.0	1	2.8	23	15.1	137	31.2
Observation and Court	115	2.2	5	1.1	15	.9	22	3.4	5	2.7	3	3.8	1	2.8	2	1.3	17	3.9
Others and Court	414	7.8	25	5.4	2	.1	63	9.9	30	16.2	1	1.3	8	22.2	14	9.2	32	7.3
Other Combinations	3	.1	—	—	1	.1	—	—	—	—	—	—	—	—	1	.7	—	—
Total	195	3.6	4	.9	69	4.4	33	5.2	5	2.7	5	6.4	—	—	2	1.3	9	2.1
Total	5,274	100.0	464	100.0	1,549	100.0	635	100.0	186	100.0	78	100.0	36	100.0	152	100.0	439	100.0

LEGAL STATUS.	TAUNTON.		WEST-BOROUGH.		WORCESTER.		MONSON.		MCLEAN.		BRIDGE-WATER.		TEWKSBURY.		U. S. VETERANS' No. 107.		U. S. VETERANS' No. 95.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	U. No.	%	No.	%
Court	188	43.2	239	72.6	201	37.6	48	27.0	11	12.0	53	81.6	48	100.0	7	41.2	10	27.8
Temporary Care.	18	4.1	5	1.5	20	3.7	1	.6	9	9.8	—	—	—	—	—	—	3	8.3
Observation.	29	6.7	10	3.1	63	11.8	129	72.4	1	1.1	12	18.4	—	—	—	—	—	—
Voluntary	2	.5	—	—	2	.4	—	—	12	13.0	—	—	—	—	1	5.9	—	—
Temporary Care and Court	95	21.8	20	6.1	74	13.8	—	—	45	48.9	—	—	—	—	8	47.0	18	50.0
Observation and Court	12	2.8	3	.9	29	5.4	—	—	—	—	—	—	—	—	—	—	1	2.8
Others and Court	77	17.7	48	14.6	110	20.6	—	—	1	1.1	—	—	—	—	—	—	3	8.3
Other Combinations	14	3.2	4	1.2	36	6.7	—	—	13	14.1	—	—	—	—	1	5.9	—	—
Total	435	100.0	329	100.0	535	100.0	178	100.0	92	100.0	65	100.0	48	100.0	17	100.0	36	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions, that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used less in committing readmissions than in committing first admissions. We observe that the regular court form was used in 26.2 per cent of readmissions, and in 32.2 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 24.0 per cent of readmissions, and in a smaller proportion of first admissions, 18.6 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions, yet we observe that the observation form was used in 11.6 per cent of readmissions, and in but 6.4 per cent of first admissions. Again in considering the voluntary form of admission, we see that readmissions used this form in 5.4 per cent of cases, while first admissions used it in the proportion of 2.9 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 26.2 per cent of first admissions, and 21.7 per cent of readmissions. The combination of observation admission and court commitment was used in 7.8 per cent of first admissions and 3.6 per cent of readmissions.

FORMS OF ADMISSION OF ALL FIRST AND READMISSIONS.

Table 21 shows the number and percentage distribution of all first and readmissions during 1930 by psychoses and form of admission. Among the first admissions it will be observed that, exclusive of psychoses with pellagra which number only three cases, the senile psychoses show the largest percentage admitted under a court commitment, 95.2 per cent. The second position is held by psychoses with mental deficiency, with 85.2 per cent. In the readmissions the largest percentage admitted under a court commitment are cases with involution melancholia, 90.9 per cent. The second highest group among the readmissions comprise the dementia praecox cases, with 81.7 per cent.

The largest percentage of cases admitted under temporary care among the first admissions are the undiagnosed and traumatic psychoses, 49.7 per cent and 48.4 per cent. In the readmissions, however, the psychoses due to drugs, 61.5 per cent, and psychoses with other brain or nervous diseases, 45.0 per cent have the largest percentage of temporary admissions.

It is interesting to note that cases without psychoses show a high percentage of patients admitted under observation in both the first admissions and the readmissions. The same is true of the alcoholic psychoses, which show 16.4 per cent of first admissions and 24.5 per cent of readmissions entering the hospital on this form.

The highest percentage of first admissions who enter the institution on a voluntary status are cases with epileptic psychoses 43.9 per cent. The percentage of this psychoses is also high among voluntary readmissions, 28 per cent. Cases of psychoneuroses and neuroses also show a high percentage of voluntary admissions among both the first and readmissions to state hospitals.

Among all clinical groups it will be observed that admissions by court commitment predominate in both first and readmissions, with temporary care coming next in order of importance. Readmission cases show a much higher percentage of observation and voluntary admissions than do the first admissions. Readmissions have 14.2 per cent of cases admitted under observation as against 8.6 per cent for first admissions, and 6.7 per cent of cases admitted under a voluntary status as compared with 4.2 per cent of first admissions.

TABLE 20. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1930; Number and Percentage Distribution.*

LEGAL STATUS.	TOTAL		BOSTON STATE.		BOSTON PSYCHOPATHIC.		DANVERS.		FOX-BOROUGH.		GARDNER.		GRAFTON.		MEDFIELD.		NORTH-AMPTON.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	370	26.2	39	24.1	—	—	37	24.5	23	53.6	9	45.0	5	50.0	25	40.3	30	35.6
Temporary Care.	307	21.7	22	13.6	254	76.8	11	7.3	1	2.3	2	10.0	—	—	3	4.8	2	2.3
Observation.	164	11.6	35	21.6	40	12.1	17	11.3	5	11.6	—	—	2	20.0	9	14.5	3	3.5
Voluntary	77	5.4	—	—	5	1.5	1	.6	3	7.0	5	25.0	—	—	2	3.3	1	1.8
Temporary Care and Court	339	24.0	42	25.9	15	4.5	64	42.4	6	13.9	4	20.0	2	20.0	14	22.6	37	43.9
Temporary Care, Observation and Court	37	2.6	7	4.3	1	.3	6	4.0	1	2.3	—	—	—	—	2	3.3	4	4.7
Observation and Court	51	3.6	7	4.3	1	.3	9	5.9	4	9.3	—	—	1	10.0	3	4.8	4	4.7
Others and Court	7	.5	1	.6	—	—	—	—	—	—	—	—	—	—	1	1.6	—	—
Other Combinations	62	4.4	9	5.6	15	4.5	6	4.0	—	—	—	—	—	—	3	4.8	3	3.5
Total	1,414	100.0	162	100.0	331	100.0	151	100.0	43	100.0	20	100.0	10	100.0	62	100.0	84	100.0

LEGAL STATUS.	TAUNTON.		WEST-BOROUGH.		WORCESTER.		MONSON.		McLEAN.		BRIDGE-WATER.		TEWKSBURY.		U. S. VETERANS' No. 107.		U. S. VETERANS' No. 95.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	32	30.8	82	63.6	43	36.4	22	41.5	1	3.2	12	52.2	2	100.0	4	9.1	4	8.5
Temporary Care.	6	5.8	2	1.5	3	2.5	—	—	—	—	—	—	—	—	1	2.3	—	—
Observation.	4	3.8	19	14.7	18	15.3	—	—	—	—	11	47.8	—	—	1	2.3	—	—
Voluntary	3	2.9	2	1.5	1	.8	30	56.6	17	54.9	—	—	—	—	4	9.1	3	6.4
Temporary Care and Court	44	42.3	7	5.4	25	21.2	—	—	11	35.5	—	—	—	—	30	68.2	38	80.9
Temporary Care, Observation and Court	4	3.8	4	3.1	7	5.9	—	—	1	3.2	—	—	—	—	—	—	1	2.1
Observation and Court	5	4.8	6	4.7	11	9.4	—	—	—	—	—	—	—	—	2	4.5	—	—
Others and Court	—	—	1	.8	—	—	—	—	—	—	—	—	—	—	2	4.5	1	2.1
Other Combinations	6	5.8	6	4.7	10	8.5	1	1.9	1	—	—	—	—	—	2	4.5	—	—
Total	104	100.0	129	100.0	118	100.0	53	100.0	31	100.0	23	100.0	2	100.0	44	100.0	47	100.0

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS.

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 22 shows that the number of cases admitted for the first time comprise 3,182, or 80.4 per cent of the total admitted under this status during 1930*; 7.3 per cent were admitted for the second time; 5.5 per cent for the third time; 3.5 per cent for the fourth time; and 1.6 per cent for the fifth time. It is observed that .2 per cent had their tenth or higher admission during the year. Roughly, we may say that 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for this one year. The average number of times admitted was 1.46 for both sexes; for males, 1.44, and for females, 1.48.

TABLE 22. — *Number of Times Admitted, All Court Commitments,¹ 1930; Percentage Distribution.*

NUMBER OF TIMES ADMITTED.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
One.	1,663	1,519	3,182	80.8	79.8	80.4
Two	155	135	290	7.5	7.1	7.3
Three	112	106	218	5.4	5.6	5.5
Four	66	74	140	3.2	3.9	3.5
Five	26	37	63	1.3	1.9	1.6
Six	17	12	29	.8	.6	.7
Seven	10	11	21	.5	.5	.5
Eight	5	6	11	.2	.3	.2
Nine	1	2	3	.1	.1	.1
Ten or more	4	3	7	.2	.2	.2
Total	2,059	1,905	3,964	100.0	100.0	100.0
Average Number of Times Admitted	1.44	1.48	1.46			

¹All first admissions and readmissions by court commitment.

AVERAGE NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS.

Table 23 gives the average number of times admitted for all court admissions during the year, by psychoses. This table reveals to us the tendency for readmission, which is exhibited in certain of the psychoses. The highest averages for number of times admitted are as follows: manic-depressive, 2.06; psychoses with psychopathic personality, 1.92; dementia praecox, 1.65; and epileptic psychoses, 1.62. The lowest averages are observed in senile psychoses, 1.09; psychoses with cerebral arteriosclerosis 1.07; and psychoses with Huntington's chorea, brain tumor and pellagra, 1.00 each.

SEASONAL VARIATION IN ALL TYPES OF ADMISSIONS.

The seasonal variation in all admissions to mental hospitals, including all types of admission, is shown in Table 24. In considering all types of admissions together, we see that during the last statistical year the month of admission with the highest figure is that of July, with 9.2 per cent. The month showing the fewest admissions is that of November, with 7.3 per cent. This precedes by one month the same data for 1929 which showed the highest admission month as August and the lowest admission month as December.

First admissions under court commitment show two high admission months, May and September with 9.1 per cent each. The lowest proportion occurred in November, 7.3 per cent. Readmissions under court commitment have July as the high month, with 11.4 per cent, and September as the low month, with 6.4 per cent. Admissions under all temporary forms have June as the high month, with 9.8 per cent, and February as the low month with 7.4 per cent. All voluntary admissions show the highest proportion during the month of July with 16.2 per

*Whereas the total number of first regular court admissions to State Hospitals and McLean is 3,134 in the following tables U. S. Veterans' Hospital No. 107 at Bedford and No. 95 at Northampton are added making a grand total of 3,182 first regular court commitments; the total readmissions has increased from 703 to 782. The Two Veterans' Hospitals above were added to the statistical system of the Department of Mental Diseases during the statistical year 1928, and will be considered in all future analyses of the statistics on mental diseases in this State.

cent. The low month for this group is December, with 4.4 per cent. In considering seasonal variation, it is necessary to divide the cases into various types of admission, insofar as many different factors operate in the selection of the particular type of admission to suit the individual patient.

TABLE 23. — *Average Number of Times Admitted, All Court Commitments,¹ 1930; By Psychoses.*

PSYCHOSES.	Number.	Average Number of Times Admitted.
Traumatic	18	1.11
Senile	295	1.09
With cerebral arteriosclerosis	532	1.07
General paralysis	252	1.12
With cerebral syphilis	23	1.17
With Huntington's chorea	8	1.00
With brain tumor	6	1.00
With other brain or nervous diseases	78	1.23
Alcoholic	250	1.36
Due to drugs and other exogenous toxins	24	1.41
With pellagra	3	1.00
With other somatic diseases	125	1.16
Manic-depressive	572	2.06
Involution melancholia	115	1.33
Dementia praecox	940	1.65
Paranoia or paranoid conditions	105	1.32
Epileptic psychoses	45	1.62
Psychoneuroses and neuroses	46	1.41
With psychopathic personality	38	1.92
With mental deficiency	177	1.44
Undiagnosed psychoses	185	1.53
Without psychoses	80	1.21
Diagnosis deferred	47	1.29
Total	3,964	1.46

¹All first admissions and readmissions by court commitment.

TABLE 24. — *Seasonal Variation in Month of Admission, All Admissions, 1930, by Type of Admissions: Number and Percentage Distribution.*¹

MONTH OF ADMISSION.	All Admissions.		COURT COMMITMENT.				All Temporary Admissions. ²		All Voluntary Admissions.	
			First Admissions.		Readmissions.					
	No.	%	No.	%	No.	%	No.	%	No.	%
1929										
October	519	7.8	261	8.2	54	6.9	181	7.7	23	7.2
November	482	7.3	231	7.3	55	7.0	179	7.6	17	5.3
December	502	7.6	253	7.9	51	6.5	184	7.9	14	4.4
1930										
January	580	8.7	265	8.3	80	10.2	213	9.1	22	6.9
February	524	7.9	272	8.5	56	7.2	172	7.4	24	7.5
March	543	8.2	259	8.1	80	10.2	185	7.5	19	5.9
April	577	8.7	281	8.8	67	8.6	191	8.2	38	11.8
May	569	8.6	287	9.1	79	10.1	180	7.6	23	7.2
June	602	9.0	285	9.0	60	7.7	229	9.8	28	8.7
July	617	9.2	256	8.0	89	11.4	220	9.3	52	16.2
August	551	8.3	245	7.7	61	7.8	210	8.9	35	10.9
September	575	8.7	287	9.1	50	6.4	212	9.0	26	8.0
Total	6,641	100.0	3,182	100.0	782	100.0	2,356	100.0	321	100.0

¹Does not include transfers.

²All forms of temporary care, including observation.

NATIVITY AND PARENTAGE, ALL FIRST COURT AND TEMPORARY ADMISSIONS.

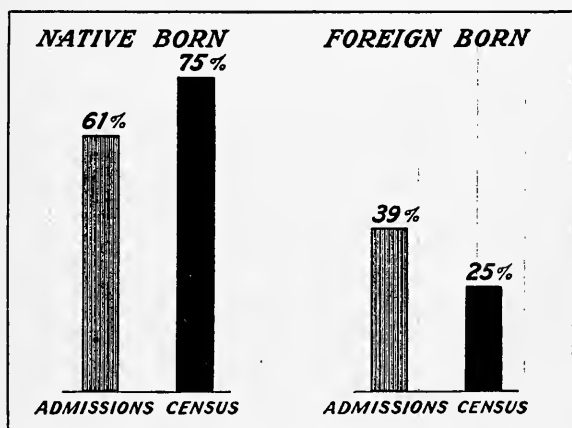
Table 25 and Graph 1 show the nativity and parentage of regular court and temporary admissions for the year 1930. The foreign born comprised 25.2 per cent of the State population according to the 1930 census. Of temporary admissions during 1930, 37.0 per cent were foreign born, and 39.4 per cent of regular

court admissions were foreign born. Thus we observe an excess of foreign born to the extent of 11.8 per cent in the temporary admissions and a 14.2 per cent excess in the regular court admissions.

TABLE 25. — *Nativity and Parentage of First Court and Temporary Care Admissions, 1930, Compared with State Population, 1930.*

	Aggregate.	Foreign Born.	Native Born.	PARENTAGE OF NATIVE BORN.			
				Native.	Foreign.	Mixed.	Unknown.
Court Admissions	3,182	1,252	1,930	809	655	361	105
Temporary Admissions ¹	2,356	871	1,485	569	574	304	38
Both Types	5,538	2,123	3,415	1,378	1,229	665	143
Percentage:							
Court Admissions	100.0	39.4	60.6	41.9	33.9	18.8	5.4
Temporary Admissions	100.0	37.0	63.0	38.4	38.6	20.5	2.5
Both Types	100.0	38.6	61.4	40.4	35.9	19.5	4.2
State Population U. S. Census 1930	100.0	25.2	74.8	45.6	38.2	16.2	—

¹All forms of temporary care, including observation.



GRAPH 1. — NATIVITY OF FIRST COURT ADMISSIONS, 1930, COMPARED WITH POPULATION OF MASSACHUSETTS. (U. S. CENSUS 1930).

In regard to the native-born we see that they made up 74.8 per cent of the population in 1930. Sixty-three per cent of temporary admissions, and 60.6 per cent of the regular court admissions during 1930 were native-born. Thus we see a deficiency of 11.8 per cent of native-born among the temporary admissions and a deficiency of 14.2 per cent among the regular court admissions. It appears that the use of temporary admissions is largely a matter of education insofar as we note that the temporary admissions are apparently being used to a much larger extent by the native-born population than they are by the foreign born population. That is, the temporary forms bringing a patient to the hospital during the earliest stages of his mental disease, are being made use of more commonly by the native-born. The regular court commitment, which is the form used in the course of the mental disorder and which carries a certain amount of compulsion in its execution, is more frequently used by the foreign born.

If we consider the parentage of the native-born only as represented in admissions to our mental hospitals and compare these with the state population, we note that both the native-born of native parents and the native-born of foreign parents are under-represented. However, the native-born of mixed parentage are over-represented in our hospital admissions for the year 1930.

TABLE 26. — *Ages of First Court Admissions, 1930, by Nativity and Parentage; Percentage Distribution.*

AGE GROUPS.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.		
	TOTAL.			NATIVE.						PARENTAGE.						UNKNOWN.		
				FOREIGN.			MIXED.			M.			F.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	1.0	1.1	1.0	1.7	1.6	1.7	2.1	1.0	1.6	1.1	1.7	1.4	1.7	3.2	2.5	1.8	—	.9
15-19 years	4.4	4.3	4.3	6.9	5.9	6.4	6.7	2.8	4.8	8.4	9.1	8.7	5.7	8.6	7.3	3.5	1.8	1.2
20-24 years	7.6	7.6	7.6	10.8	10.2	10.5	8.6	6.9	7.8	13.1	12.8	13.0	14.2	11.9	13.0	1.8	2.8	1.2
25-29 years	7.8	7.2	7.5	9.5	8.8	9.2	8.3	8.7	8.5	12.0	11.8	11.9	8.5	5.9	7.3	5.3	3.5	3.2
30-34 years	8.4	8.1	8.3	8.6	8.7	8.7	7.1	8.0	7.5	10.3	9.5	9.9	9.1	9.7	9.4	7.0	4.5	4.8
35-39 years	10.6	9.6	10.1	9.5	8.8	9.2	10.7	8.0	9.4	8.1	8.4	8.3	9.7	12.5	11.1	8.7	8.0	7.9
40-44 years	8.8	7.4	8.1	6.9	6.6	6.8	6.2	7.2	6.7	7.5	5.0	6.4	8.5	7.6	8.0	12.2	10.8	11.6
45-49 years	9.9	9.6	9.8	7.6	8.8	8.2	7.4	10.3	8.7	5.9	10.1	7.8	10.2	5.9	8.0	13.5	10.7	12.1
50-54 years	7.9	8.5	8.2	7.0	7.1	7.0	7.4	6.7	7.1	6.2	5.0	5.6	8.0	10.8	9.4	7.0	8.3	7.6
55-59 years	6.7	7.5	7.1	6.5	6.9	6.7	6.7	4.6	5.7	7.0	10.1	8.4	4.5	7.1	5.8	8.8	6.2	7.0
60-64 years	6.1	6.2	6.1	5.0	6.2	5.5	5.7	9.0	7.3	5.6	5.0	5.3	2.8	2.2	2.5	1.8	6.2	7.6
65-69 years	6.6	6.1	6.3	6.0	4.8	5.0	6.0	4.1	5.1	5.6	5.4	5.5	6.8	4.3	5.5	7.0	8.0	7.6
70-74 years	5.8	6.2	6.0	5.4	5.9	5.6	6.4	6.7	6.6	4.2	4.4	4.3	4.0	4.9	4.5	10.5	6.7	6.6
75-79 years	4.0	4.5	4.3	4.1	3.7	3.9	4.8	4.6	4.7	3.6	1.0	2.4	3.4	2.7	2.9	3.5	4.0	4.9
80-84 years	3.2	3.6	3.4	3.3	3.6	3.4	4.3	7.2	5.7	1.4	.7	1.1	2.3	1.1	1.7	10.5	3.2	3.4
85-89 years	1.1	2.0	1.6	1.1	2.2	1.6	1.4	3.9	2.6	—	—	—	.6	1.1	.8	7.0	1.2	1.5
90 years and over	.1	.5	.3	.1	.2	.2	.2	.3	.2	—	—	—	—	.5	.3	—	.1	.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	47.2	48.4	47.8	44.8	46.0	45.4	46.8	50.6	48.6	41.7	40.8	41.3	42.9	42.1	42.4	55.3	52.1	51.5

ADMISSION AGES OF NATIVE AND FOREIGN BORN FIRST COURT ADMISSIONS.

Table 26 shows the percentage distribution of ages of all first regular admissions during 1930, by nativity, parentage and sex. The average age of all first admissions is 47.8; 47.2 for males, 48.4 for females. This is a decrease over the average age of first admissions in 1929, the average for the latter year being 48.4 years; 47.8 for males and 49.0 for females.

There is a difference of six years between the average ages of the native-born and foreign born male first admissions, 44.8 for male native-born as compared with 50.9 for male foreign born. The difference between the female native and foreign born first admissions is 6 years, 46.0 for the native-born and 52.1 for foreign born females. For both sexes together the difference in ages is still six years being 45.4 for native-born and 51.5 for foreign born. It will be observed in Table 26 that the greater percentage of admissions of the native-born occur between the ages 20 and 29 years. For the foreign born, the greater percentage of admissions is somewhat higher, occurring between the ages of 35 and 49 years.

ADMISSION AGES OF NATIVE AND FOREIGN BORN, ALL TEMPORARY ADMISSIONS.

The average age in years of the 2,356 temporary admissions during 1930 is 38.9 for both sexes (Table 27). This is slightly higher than the average age of 38.0 years for 1929. When compared with first admissions however, there is a difference of 8.9 years between all temporary admissions (38.9 years) and first regular admissions (47.8 years). We find here too, that the foreign born have a higher average age at admission than the native-born, the difference being 7 years. The greater percentage of admissions of the native-born occur between the years 30 and 39. The greater percentage of temporary admissions of the foreign born occurred between 35 and 45 years.

TABLE 27. — *Ages of all Temporary Admissions, 1980, by Nativity and Parentage; Percentage Distribution.*

AGE AT ADMISSION.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.											
				TOTAL.			PARENTAGE.						UNKNOWN.														
							NATIVE.			FOREIGN.			MIXED.			M.			F.			T.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 15 years	2.8	4.2	3.5	4.3	5.9	5.0	2.7	5.1	3.7	4.8	7.4	5.9	6.3	4.9	5.6	4.4	6.7	5.3	1.2	4.8	9	4	4.8	2.6			
15-19 years	5.5	12.5	8.4	8.2	16.8	11.9	4.8	15.7	9.1	9.4	18.4	13.2	12.5	17.4	14.8	8.6	6.7	7.9	3.5	6.5	4.7	3.5	6.5	4.7			
20-24 years	7.6	10.4	8.7	10.2	12.6	11.2	9.6	10.6	10.0	10.3	12.3	11.2	11.2	14.6	12.8	8.6	26.6	15.7	6.8	7.1	6.9	6.8	7.1	6.9			
25-29 years	9.5	9.7	9.6	11.2	11.1	11.2	11.1	8.0	9.8	12.4	14.3	13.2	10.0	10.4	10.2	4.4	13.3	7.9	10.8	10.5	10.7	10.8	10.5	10.7			
30-34 years	13.4	11.3	12.4	15.0	11.7	13.6	13.5	9.7	11.9	16.1	12.3	14.4	16.3	15.3	15.8	13.1	—	—	13.1	—	—	16.8	13.4	15.4			
35-39 years	13.6	12.4	13.0	11.6	11.9	11.7	14.8	12.7	13.9	8.5	10.7	9.4	11.9	11.8	11.9	8.6	20.0	13.2	2.7	16.4	15.9	16.2	15.4	9.4	13.0		
40-44 years	12.5	9.4	11.1	10.2	5.8	8.3	10.5	7.6	9.3	10.6	5.7	8.5	9.4	3.5	6.6	4.4	—	2.7	16.4	15.9	16.2	15.4	9.4	13.0			
45-49 years	11.6	7.7	9.9	9.2	6.7	8.1	9.3	8.0	8.8	8.2	4.9	6.8	8.7	7.6	8.2	25.1	6.7	18.4	15.4	9.4	13.0	15.4	9.4	13.0			
50-54 years	8.5	7.9	9.0	6.5	5.5	6.1	6.6	7.2	6.9	6.7	2.9	5.1	6.3	6.2	6.3	4.4	13.3	7.9	9.3	13.9	11.1	9.4	8.2	8.9			
55-59 years	7.5	6.1	6.9	6.4	5.0	5.8	6.6	5.9	6.3	6.7	3.7	5.4	5.0	1.4	6	8.6	—	5.3	9.4	8.2	8.9	9.4	8.2	8.9			
60-64 years	4.2	2.9	3.8	3.4	2.9	3.2	5.1	3.3	4.4	3.6	3.3	3.5	1.8	1.7	1.3	4.4	—	2.6	5.4	2.8	4.4	5.4	2.8	4.4			
65-69 years	2.3	2.1	2.3	2.1	1.9	2.0	2.4	1.7	2.1	1.8	2.9	2.3	1.8	1.7	1.3	4.4	—	2.6	2.7	2.6	2.7	2.7	2.6	2.7			
70-74 years	1.1	1.0	1.1	1.0	1.5	1.7	1.9	1.8	1.9	1.9	1.4	1.7	1.6	—	—	4.4	—	2.6	1.3	2.0	1.6	1.3	2.0	1.6			
75-79 years	1.6	1.1	1.8	1.6	1.9	2.7	1.5	2.1	1.8	—	1.4	2	—	—	—	—	—	—	1.1	—	1.6	1.1	—	1.6			
80-84 years	1.1	1.4	1.3	1.1	1.6	2.3	1.6	1.2	1.5	—	1.4	2	—	—	—	—	—	—	1.1	—	1.6	1.1	—	1.6			
85-89 years	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2			
90 years and over	—	1.1	1.1	—	1.2	1.1	—	1.4	1.2	—	—	—	—	—	—	—	—	—	—	—	1.6	—	—	—			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			
Average Age	40.1	37.1	38.9	37.3	34.2	36.0	39.6	37.1	38.6	36.3	32.3	34.6	34.1	32.5	33.4	40.4	33.6	37.7	44.0	42.6	43.4	44.0	42.6	43.4			

AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS.

Table 28 gives the numbers of first regular court commitments for 1930, and the average admission age for certain psychoses. The highest admission ages occur in the following groups; senile psychoses, 74.8 years; psychoses with cerebral arteriosclerosis, 69.6 years; and involution melancholia, 53.1 years. The lowest average ages at admission are observed in cases without psychoses, 28.3 years; dementia praecox, 33.4 years; and psychoses with mental deficiency, 33.8 years.

TABLE 28. — *Average Admission Age of First Court Admissions, 1930, by Certain Psychoses.*

PSYCHOSES.	FIRST ADMISSIONS.			AVERAGE ADMISSION AGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Senile	105	173	278	74.5	75.0	74.8
With cerebral arteriosclerosis	279	229	508	69.5	69.8	69.6
General paralysis	185	46	231	45.9	48.3	46.4
Alcoholic	177	28	205	46.8	53.7	47.8
With other somatic diseases	44	69	113	52.1	45.9	48.3
Manic-depressive	143	212	355	40.3	38.6	39.3
Dementia praecox	324	334	658	31.7	35.9	33.4
Involution melancholia	32	63	95	55.6	51.9	53.1
Paranoia or paranoid conditions	31	56	87	45.5	47.2	46.6
With other brain or nervous diseases	33	36	69	45.7	41.8	43.7
With mental deficiency	71	79	150	32.6	34.9	33.8
Without psychoses	44	28	72	30.0	25.7	28.3
Epileptic psychoses	19	15	34	38.2	37.5	37.9
With psychopathic personality	14	15	29	38.5	31.8	35.0
All other psychoses	162	136	298	40.0	50.0	45.3
Total	1,663	1,519	3,182	47.2	48.4	47.8

If we consider the sexes, we see that the greatest differences in average admission ages occur in the alcoholic psychoses (males 46.8 years, females 53.7 years); psychoses with psychopathic personality (males 38.5 years, females 31.8 years); and psychoses with other somatic diseases (males 52.1 years, females 45.9 years). For all psychoses, we see that the average age for females is 1.2 years higher than that of the males, (males 47.2 years — females 48.4 years).

The average admission age of first court admissions is given by hospital in Table 29. The highest admission ages are found at the Gardner State Colony, 54.1 years; Boston State Hospital, 52.8 years; Taunton State Hospital, 51.1 years; and Westborough State Hospital, 50.6 years. The lowest admission age occurs at Monson with an average age of 15.4 years. U. S. Veterans' Hospital No. 107, Bedford, and the Boston Psychopathic Hospital are next in order, the average for each being 35.6 years and 35.9 years, respectively. It is quite obvious that varying problems of medical care will face those institutions that draw their admissions from the older age groups rather than the younger.

TABLE 29. — *Average Age at Admission of First Admissions by Court Commitment during 1930, by Hospital.*

HOSPITALS.	FIRST ADMISSIONS COURT COMMITMENT.			AVERAGE AGE AT ADMISSION.		
	M.	F.	T.	M.	F.	T.
Boston State	184	201	385	51.1	54.5	52.8
Boston Psychopathic	92	74	166	36.5	35.0	35.9
Danvers	266	236	502	47.7	48.8	48.2
Foxborough	83	85	168	45.6	51.1	48.4
Gardner	21	31	52	56.7	52.4	54.1
Grafton	25	11	36	43.7	39.7	42.5
Medfield	68	72	140	43.6	39.9	41.7
Northampton	207	201	408	48.6	48.1	48.4
Taunton	180	192	372	50.6	51.5	51.1
Westborough	147	163	310	51.9	49.4	50.6
Worcester	225	189	414	46.7	48.4	47.5
Monson	14	9	23	15.1	15.9	15.4
McLean	20	37	57	57.2	42.9	47.9
Bridgewater	53	—	53	38.8	—	38.8
Tewksbury	30	18	48	51.3	41.9	47.8
U. S. Veterans' No. 107	16	—	16	35.6	—	35.6
U. S. Veterans' No. 95	32	—	32	37.1	—	37.1
All Hospitals	1,663	1,519	3,182	47.2	48.4	47.8

COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS.

Table 30 indicates that the largest proportion of admissions to our State Hospitals for the insane came from Canada (including Newfoundland) and Ireland, respectively. However, these countries have large representations in our population and it becomes necessary to determine the rates based on population. The rates per 100,000 state population of the same country of birth are also outlined in Table 30.

TABLE 30. — *Country of Birth of Foreign Born, First Court Admissions, 1930; Rates per 100,000 State Population Same Country of Birth, 1930.*¹

COUNTRY OF BIRTH.	PERCENTAGE.		Rates.
	First Regular Admissions.	State Population. 1930 Census	
Austria	1.1	.4	328.
Canada	22.5	27.3	97.
England	7.8	7.4	124.
Finland	1.8	1.2	168.
Germany	1.6	1.9	97.
Greece	2.6	1.6	190.
Ireland	20.1	15.1	158.
Italy	8.5	11.9	84.
Poland	5.7	6.8	99.
Portugal	3.9	2.4	197.
Russia	6.5	6.4	119.
Scotland	2.7	3.1	103.
Sweden	3.3	3.6	111.
Other Countries	5.2	10.9	130.
Total	100.0	100.0	118.

¹Number of Foreign Born First Court Admissions, 1,234.

LENGTH OF RESIDENCE IN UNITED STATES OF FOREIGN BORN FIRST COURT AND ALL TEMPORARY ADMISSIONS.

As Table 31 indicates, by far the greater proportion of our foreign born admissions have been resident in this country for a period of 15 years and over. This is true both for first regular and all temporary foreign born admissions. If the data in this table is compared with that of Tables 26 and 27, in which we noted the higher average age of foreign born admissions, we see a probable reason for the higher ages noted in those tables. The foreign born who come to this country comprise chiefly the adult age groups. When we add to this the fact that the great majority of these foreign born patients are resident in this country for a period of 15 years or more before admission, we see the reason for the higher admission ages.

TABLE 31. — *Length of Residence in the United States of Foreign Born Admissions, 1930; Percentage Distribution.*

TIME IN UNITED STATES.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS ¹					
	Number.			Percentage.			Number.			Percentage.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . . .	24	18	42	3.7	3.0	3.4	27	18	45	5.3	5.1	5.2
5-9 years . . .	20	14	34	3.1	2.4	2.7	31	31	62	6.1	8.9	7.2
10-14 years . . .	11	2	13	1.7	.3	1.0	16	2	18	3.1	.5	2.1
15 years and over . .	586	559	1,145	91.5	94.3	92.9	436	297	733	85.5	85.5	85.5
Total . . .	641	593	1,234	100.0	100.0	100.0	510	348	858	100.0	100.0	100.0

¹All temporary care and observation admissions.

CITIZENSHIP OF ALL ADMISSIONS.

Table 32 gives the citizenship of all admissions for 1930, and shows that 63.7 per cent of all admissions were citizens by birth. The 1930 census presents 74.8 per cent citizens by birth. This reveals that the native-born are under represented in considering all admissions to mental hospitals for this particular year. We observe also that the foreign born made up 30.5 per cent of all admissions for 1930. This is an excess over the proportion of foreign born in the population, which is recorded as 25.2 per cent.

TABLE 32. — *Citizenship of All Admissions, 1930, Compared with State Population, 1930.*¹

CITIZENSHIP.	TOTAL.		MALES.		FEMALES.		State Popu- lation 1930.
	Number.	Percent.	Number.	Percent.	Number.	Percent.	
Citizens by Birth . . .	4,651	63.7	2,577	64.0	2,074	63.1	74.8
Foreign Born . . .	2,233	30.5	1,228	30.5	1,005	30.5	25.2
Citizens by Naturalization . .	1,055	14.5	609	15.1	446	13.6	—
Aliens . . .	1,178	16.0	619	15.4	559	16.9	—
Citizenship Unknown . . .	431	5.8	222	5.5	209	6.4	—
Total . . .	7,315	100.0	4,027	100.0	3,288	100.0	100.0

¹All cases admitted to mental hospitals, irrespective of legal status of admission. Includes transfers.

There are no great differences between the sexes. Proportionately, more native-born males (64.0 per cent) are admitted than native-born females (63.1 per cent). Among the aliens, we see a tendency for a greater proportion of females admitted (16.9 per cent) than males, (15.4 per cent).

MARITAL CONDITION OF FIRST COURT AND TEMPORARY ADMISSIONS.

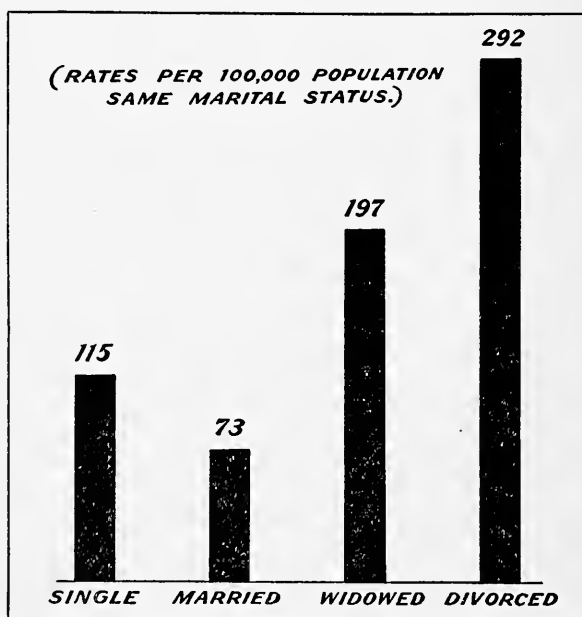
The marital status of all first regular court and temporary admissions are outlined in Tables 33 and 34 respectively and Graph 2. Rates per 100,000 state population of the same marital status are also shown. It will be observed that the rates of admission for both regular court and temporary care cases are higher for single than for married patients; 115.9 for the single and 73.7 for the married (first regular court admissions), and 97.0 for the single and 57.7 for the married (all temporary admissions). There is a noticeable difference in the rate of admission of single males and single females for both forms of admission, the rate for males being perceptibly higher. In the case of the "widowed", the rate of admission under first regular court commitment is higher than the rate for either single or married patients. Here too, there is a noticeable difference in the rates for males and for females. The highest rate for both forms of admission is shown for the "divorced." These rates are not so significant as the others, however, as the numbers involved are smaller.

TABLE 33. — *Marital Status of First Court Admissions, 1930; Rates per 100,000 State Population, Same Marital Status, U. S. Census, 1930.*

MARITAL STATUS.	NUMBER.			PERCENT DISTRIBUTION.			RATE PER 100,000 OF SAME MARITAL STATUS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	751	522	1,273	45.2	34.4	40.0	137.6	94.5	115.9
Married ¹	677	607	1,284	40.7	39.9	40.4	77.7	69.7	73.7
Widowed	170	332	502	10.2	21.9	15.7	234.7	182.5	197.4
Divorced	42	33	75	2.5	2.2	2.4	395.8	219.7	292.6
Separated	16	23	39	1.0	1.5	1.2	—	—	—
Unknown	7	2	9	.4	.1	.3	249.2	105.3	191.2
Total. . . .	1,663	1,519	3,182	100.0	100.0	100.0	110.7	93.7	101.8

¹Rate includes "Married" and "Separated."TABLE 34. — *Marital Status of All Temporary Admissions, 1930; Rates per 100,000 State Population, Same Marital Status, U. S. Census, 1930.*

MARITAL STATUS.	NUMBER.			PERCENT DISTRIBUTION.			RATE PER 100,000 OF SAME MARITAL STATUS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	657	408	1,065	48.3	41.1	45.4	120.4	73.9	97.0
Married ¹	575	430	1,005	42.1	43.5	42.7	66.0	49.4	57.7
Widowed	63	94	157	4.6	9.5	6.6	87.0	51.6	61.7
Divorced	33	35	68	2.4	3.5	2.8	311.0	233.0	265.3
Separated	27	22	49	1.9	2.2	2.0	—	—	—
Unknown	10	2	12	.7	.2	.5	356.1	105.3	254.9
Total	1,365	991	2,356	100.0	100.0	100.0	90.8	61.1	75.4

¹Rate includes "married" and "separated."GRAPH 2. — *MARITAL CONDITION OF FIRST ADMISSIONS, 1930. RATES PER 100,000 OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION (U. S. CENSUS 1930).*

AVERAGE ADMISSION AGES OF FIRST COURT AND TEMPORARY ADMISSIONS.

Table 35 reveals the average age of first regular court and temporary admissions for 1930, divided in accordance with the marital status of the patient at the time of admission. In the first regular admissions, we observe that the widowed reveal the highest average admission age (67.6 years). The divorced were next in order with an average age of 49.9 years. The lowest average ages were observed in the single group, 38.3 years. The average age for all first admissions was 47.8 years.

TABLE 35. — *Average Admission Age of First and Temporary Admissions, 1930, by Marital Status.*

MARITAL STATUS.	AVERAGE AGE IN YEARS.					
	FIRST COURT ADMISSIONS.			ALL TEMPORARY ADMISSIONS ¹		
	M.	F.	T.	M.	F.	T.
Single	37.2	39.9	38.3	33.2	29.1	31.6
Married	52.7	45.7	49.4	45.5	40.0	43.1
Widowed	68.3	67.2	67.6	55.6	57.1	56.5
Divorced	50.3	49.3	49.9	40.8	41.5	41.1
Separated	49.6	40.9	44.5	44.7	36.8	41.1
Unknown	55.3	60.0	56.3	38.0	40.0	38.3
All Groups.	47.2	48.4	47.8	40.1	37.1	38.9

¹All temporary care and observation admissions.

In considering the admissions under temporary care, we see that essentially the same situation prevails. Again, the widowed presented the highest average age (56.5 years), being followed by the married group (43.1 years). Again the lowest average admission age is shown in the group who were single at the time of admission (31.6 years). The average for all types of marital status grouped together was 38.9 years.

In the first regular admissions we observe considerable differences between the sexes. The males who are single are admitted at an age which averages three years less than that of the females (males 37.2 years, females 39.9 years). The married group shows just the opposite condition in that the men are admitted at an average age which is seven years higher than that of the women (males 52.7 years, females 45.7 years). The largest difference is observed in the separated group where the average age in males at admission is 9 years higher than that of the females (males 49.6 years, females 40.9 years).

In the temporary admissions, we observe essentially the same situation. In the single group the males are approximately 4 years older than the females at admission (males 33.2 years, females 29.1 years).

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 36 reveals the economic status of first regular court and temporary admissions for the year 1930. In the regular admissions we see that the largest proportion of patients (73.6 per cent) fall in the "marginal" group. The next largest proportion of patients comes from the "dependent" class (14.8 per cent), and the smallest proportion form the "comfortable" group (7.6 per cent). In considering the temporary admissions, the largest proportion of patients again fall in the "marginal" group (89.6 per cent); 6.6 per cent are in the "dependent" group, and 1.6 per cent in the "comfortable" group. It is interesting to observe the difference between the two types of admission. There is a tendency for the temporary admissions to be made up of persons from the "marginal" economic class, while the first regular admissions show a more uniform spread and higher proportions in the "comfortable" and "dependent" groups.

TABLE 36. — *Economic Status of First Court and Temporary Admissions, 1930; Percentage Distribution.*

ECONOMIC STATUS.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ¹					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	226	245	471	13.6	16.1	14.8	74	81	155	5.4	8.2	6.6
Marginal	1,246	1,096	2,342	74.9	72.2	73.6	1,221	889	2,110	89.5	89.7	89.6
Comfortable	111	132	243	6.7	8.7	7.6	29	9	38	2.1	.9	1.6
Unknown	80	46	126	4.8	3.0	4.0	41	12	53	3.0	1.2	2.2
Total	1,663	1,519	3,182	100.0	100.0	100.0	1,365	991	2,356	100.0	100.0	100.0

¹All temporary care and observation admissions.

ENVIRONMENT OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

According to the Massachusetts census 1930, the State of Massachusetts is predominantly "urban" in environment, (90.2 per cent). Table 37 shows that 95.0 per cent of all first regular admissions and 98.1 per cent of all temporary admissions come from an "urban" environment. Although the percentage of the population living in a "rural" environment in this State is 9.8 per cent, it will be observed in Table 37 that only 4.0 per cent of first regular admissions and 1.4 per cent of all temporary admissions come from "rural" sections. We notice that even in Massachusetts, with a population predominantly urban, there is an excess of individuals coming from an "urban" environment.

TABLE 37. — *Environment of First Court and Temporary Admissions, 1930.*

	Total.	Urban.	Rural.	Unknown.
Number:				
First Admissions, Court Commitment.	3,182	3,022	128	32
All Temporary Admissions ¹	2,356	2,302	34	20
Percentage:				
First Admissions, Court Commitment.	100.0	95.0	4.0	1.0
All Temporary Admissions	100.0	98.1	1.4	.8
Massachusetts Census, 1930	100.0	90.2	9.8	—
Rate per 100,000 population of same environment:				
First Admissions, Court Commitment.	82.6	82.7	63.3	—
All Temporary Admissions	61.1	63.0	16.8	—

¹All Temporary Care and Observation Admissions.

In making a comparison with the population, we see that the admission rate per 100,000 of the population of "rural" environment is 63.3 and for the "urban" districts the rate is 82.7. Considering the temporary admissions, the admission rate per 100,000 for the "rural" districts is 16.8, and for the "urban" districts 63.0. As we consider the use of the temporary care forms as an indication of progress in public understanding of psychiatric problems, we can see that this progress is more in evidence in the cities than in the rural districts.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 38 outlines the degree of education of first and temporary admissions during 1930. As may be expected, the greater number of patients admitted to State Hospitals have had a common school education, with those of high school education coming next in number. We observe that 55.0 per cent of first court admissions had a common school education, 17.0 per cent attended high school, and 3.8 per cent had college work. Ten and three tenths per cent were able to read and write, and 8.1 per cent were rated as illiterate.

TABLE 38. — *Degree of Education of First Court and Temporary Admissions, 1930; Percentage Distribution.*

DEGREE OF EDUCATION.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ¹					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	140	118	258	8.4	7.8	8.1	61	52	113	4.5	5.3	4.8
Reads and Writes	197	130	327	11.8	8.6	10.3	75	32	107	5.5	3.2	4.5
Common School	909	842	1,751	54.7	55.4	55.0	851	644	1,495	62.3	65.0	63.6
High School	249	292	541	15.0	19.2	17.0	218	202	420	16.0	20.4	17.7
College	63	59	122	3.8	3.9	3.8	77	31	108	5.6	3.1	4.6
Unknown	105	78	183	6.3	5.1	5.8	83	30	113	6.1	3.0	4.8
Total	1,663	1,519	3,182	100.0	100.0	100.0	1,365	991	2,356	100.0	100.0	100.0

¹All temporary care and observation admissions.

The percentage of illiterates and those who read and write is higher in cases admitted on regular court commitment than for those admitted on temporary care. Inversely, the proportion of those with a common school, high school or college education is higher in the temporary care group.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS.

Table 39 gives the number and per cent of first regular admissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions (3,182) 517 or 16.2 per cent were classified as being intemperate, (26.5 per cent for males and 4.9 per cent for females). Considering only the diagnoses having more than ten cases regarded as intemperate, we observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Next in order we observe the traumatic psychoses with 37.5 per cent, and psychoses with cerebral syphilis with 28.5 per cent. The lowest percentages for admissions with intemperate habits are observed in involution melancholia (5.2 per cent), psychoneuroses, (5.4 per cent); and the senile psychoses, (5.7 per cent).

TABLE 39. — *First Court Admissions Classified as Intemperate in the Use of Alcohol, 1930; Percentage Distribution.*

PSYCHOSES.	NUMBER — FIRST ADMISSIONS.			NUMBER INTEMPERATE.			PERCENTAGE INTEMPERATE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	—	16	6	—	6	37.5	—	37.5
Senile	105	173	278	12	4	16	11.4	2.3	5.7
With cerebral arteriosclerosis	279	229	508	51	7	58	18.2	2.4	11.4
General paralysis	185	46	231	42	7	49	22.7	15.2	21.2
With cerebral syphilis	13	8	21	5	1	6	38.4	12.5	28.5
With Huntington's chorea	5	3	8	2	—	2	40.0	—	25.0
With brain tumor	2	4	6	—	—	—	—	—	—
With other brain or nervous diseases	33	36	69	2	3	5	6.0	8.3	7.2
Alcoholic	177	28	205	177	28	205	100.0	100.0	100.0
Due to drugs and other exogenous toxins	8	14	22	5	1	6	62.4	7.1	27.2
With pellagra	2	1	3	2	—	2	100.0	—	66.6
With other somatic diseases	44	69	113	9	4	13	20.4	5.7	11.5
Manic-depressive	143	212	355	25	3	28	17.4	1.4	7.8
Involution melancholia	32	63	95	4	1	5	12.5	1.5	5.2
Dementia praecox	324	334	658	38	6	44	11.7	1.7	6.6
Paranoia or paranoid conditions	31	56	87	4	3	7	12.9	5.3	8.0
Epileptic psychoses	19	15	34	1	1	2	5.2	6.6	5.8
Psychoneuroses and neuroses	15	22	37	2	—	2	13.3	—	5.4
With psychopathic personality	14	15	29	6	—	6	42.8	—	20.7
With mental deficiency	71	79	150	9	—	9	12.6	—	6.0
Undiagnosed psychoses	82	64	146	17	3	20	20.7	4.6	13.7
Without psychoses	44	28	72	13	2	15	29.5	7.1	20.8
Diagnosis deferred	19	20	39	10	1	11	52.6	5.0	28.2
Total	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2

¹These percentages are based upon the total of each psychosis of first admissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS 1917-1930.

Table 40 reveals the numbers of first regular admissions by years, and also states the numbers and percentages considered as intemperate for these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920 (10.6 per cent). After 1920 we observe a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentage for 1928 and 1929 remained the same, 16.7 per cent for both years. In 1930 there was a slight decrease, the percentage being 16.2.

TABLE 40. — *First Court Admissions, 1917-1930, Classified as Intemperate in the Use of Alcohol; Percentage Distribution.*

YEAR.	TOTAL FIRST ADMISSIONS.			NUMBER INTEMPERATE.			PERCENT OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' hospitals Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

Interesting sex differences are observed in the percentage of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 26.5 per cent in 1930. The females decreased from 12.2 per cent in 1917 to 4.9 per cent in 1930. Roughly, this is a 36 per cent decrease for the males and a 60 per cent decrease for the females.

PSYCHOSES IN FIRST COURT ADMISSIONS, COURT READMISSIONS, TEMPORARY ADMISSIONS, AND OBSERVATION ADMISSIONS.

Table 41 shows the number and percentage of all psychoses for all forms of admission. When all types of admission are grouped together, the highest percentages are shown to occur in dementia praecox, 18.9 per cent; manic-depressive, 14.4 per cent; without psychoses, 10.4 per cent; and psychoses with cerebral arteriosclerosis, 10.1 per cent. The lowest percentages for all types of admissions are observed in traumatic psychoses, .6 per cent; psychoses with cerebral syphilis, .5 per cent; psychoses with brain tumor, .2 per cent; psychoses with Huntington's chorea, .1 per cent; and psychoses with pellagra, .1 per cent.

TABLE 41. *First Admissions, Readmissions, Temporary Care and Observation-Admissions, 1930, by Psychoses; Percentage Distribution.*

	TOTAL ALL GROUPS.						FIRST COURT ADMISSIONS.					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	35	1	36	1.0	.1	.6	16	-	16	1.0	-	.5
Senile	112	197	309	3.3	6.8	4.9	105	173	278	6.3	11.4	8.7
With cerebral arteriosclerosis	351	289	640	10.3	10.0	10.1	279	229	508	16.8	15.1	16.0
General paralysis	257	62	319	7.5	2.1	5.0	185	46	231	11.1	3.0	7.3
With cerebral syphilis	21	10	31	.6	.3	.5	13	8	21	.8	.5	.7
With Huntington's chorea	6	3	9	.2	.1	.1	5	3	8	.3	.2	.3
With brain tumor	7	6	13	.2	.2	.2	2	4	6	.1	.3	.2
With other brain or nervous diseases	78	68	146	2.3	2.4	2.3	33	36	69	2.0	2.4	2.2
Alcoholic	423	53	476	12.4	1.8	7.5	177	28	205	10.6	1.8	6.4
Due to drugs and other exogenous toxins	28	28	56	.8	1.0	.9	8	14	22	.5	.9	.7
With pellagra	2	1	3	.1	.1	.1	2	1	3	.1	.1	.1
With other somatic diseases	73	110	183	2.1	3.7	2.9	44	69	113	2.7	4.5	3.6
Manic-depressive	380	532	912	11.1	18.4	14.4	143	212	355	8.7	14.0	11.2
Involution melancholia	61	96	157	1.8	3.3	2.5	32	63	95	1.9	4.1	3.0
Dementia praecox	628	568	1,196	18.3	19.6	18.9	324	334	658	19.5	22.0	20.7
Paranoia or paranoid conditions	64	93	157	1.8	3.2	2.5	31	56	87	1.9	3.7	2.6
Epileptic psychoses	42	36	78	1.2	1.2	1.2	19	15	34	1.1	1.0	1.1
Psychoneuroses and neuroses	65	65	130	1.9	2.2	2.1	15	22	37	.9	1.4	1.2
With psychopathic personality	28	32	60	.8	1.1	.9	11	15	29	.8	1.0	.9
With mental deficiency	104	118	222	3.0	4.1	3.5	71	79	150	4.3	5.2	4.7
Undiagnosed psychoses	215	210	425	6.3	7.2	6.8	82	64	146	4.9	4.2	4.5
Without psychoses	379	274	653	11.1	9.6	10.4	44	28	72	2.6	1.9	2.2
Diagnosis deferred	65	41	109	1.9	1.5	1.7	19	20	39	1.1	1.3	1.2
Total	3,424	2,896	6,320	100.0	100.0	100.0	1,663	1,519	3,182	100.0	100.0	100.0

The most common diagnoses found in first regular admissions are as follows: dementia praecox, 20.7 per cent; cerebral arteriosclerosis, 16.0 per cent; manic-depressive, 11.2 per cent; senile psychoses, 8.7 per cent; and general paralysis, 7.3 per cent.

The most common diagnoses found in regular court readmissions are: dementia praecox, 36.1 per cent; manic-depressive, 27.8 per cent; alcoholic psychoses, 5.6 per cent; undiagnosed psychoses with 5.0 per cent and psychoses with mental deficiency, 3.5 per cent. As is to be expected, the great majority of readmission cases comprise patients with dementia praecox and manic-depressive psychoses.

With regard to patients admitted on a temporary form, the most common diagnoses outline themselves as follows: without psychoses, 16.9 per cent; dementia praecox, 12.5 per cent; manic-depressive psychoses, 17.1 per cent; undiagnosed psychoses, 12.3 per cent and alcoholic psychoses, 8.2 per cent. It will be observed that the highest percentage of cases admitted on a temporary care form are those diagnosed as manic-depressive psychoses.

Again in considering the admissions for observation, we note that the largest percentage admitted under this form are cases without psychoses, 43.5 per cent; alcoholic psychoses, 13.2 per cent; manic-depressive psychoses, 7.6 per cent; and dementia praecox, 6.7 per cent.

It is interesting to observe the tendency for certain of the psychoses to present relatively larger proportions in first admissions as compared with readmissions. We notice this particularly in the psychoses with cerebral arteriosclerosis, and general paralysis. Psychoses which present relatively larger proportions among the readmissions are: manic-depressive psychoses, and dementia praecox.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917-1930.

Tables 42A to 42H inclusive show the percentage of first admissions for certain psychoses over the period of years 1917-1930 inclusive. Only those psychoses which were most important numerically are represented. These figures began in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses.

Table 42A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1930. While the highest percentages occur in the years 1920 and 1921, we observe a slight tendency for the last five or six years to run a trifle higher than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the 14-year period 9.2 per cent of all first court admissions were cases with senile psychoses. It will be observed that this percentage of females is almost twice that of the males for this psychoses.

TABLE 42A. — *Number and Percentage with Senile Psychoses, First Court Admissions, 1917-1930.*¹

YEAR.	SENILE PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
Total	1,548	2,574	4,122	6.6	12.0	9.2

¹Tables 42A-42H include All State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis.

Table 42B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1930. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 15.9 per cent in 1930. Insofar as the proportion of cases given this clinical diagnosis has more than doubled in the twelve-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are consistent throughout the entire period 1917-1930.

During the 14-year period, 11.2 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. There is little difference between the sexes in the proportion of admissions although the males run slightly higher than the females.

TABLE 42B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1930.*

YEAR.	CEREBRAL ARTERIOSCLEROSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
Total	2,833	2,172	5,005	12.0	10.0	11.2

General Paralysis.

Table 42C gives the percentages of first admissions diagnosed with general paralysis for the years 1917-1930. The highest proportion with general paralysis is noted in the year 1924, 8.8 per cent; the lowest proportion is observed in 1928, 6.4 per cent. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

There is a marked sex difference in this psychosis, general paralysis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined. During the 14-year period general paralysis comprised 7.6 per cent of first court admissions.

TABLE 42C. — *Number and Percentage with General Paralysis, First Court Admissions, 1917-1930.*

YEAR.	GENERAL PARALYSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
Total	2,741	673	3,414	11.7	3.1	7.6

Alcoholic Psychoses.

Table 42D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1930. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1930 there has been considerable fluctuation, the proportion of alcoholic psychoses in the latter year remaining at 6.4 per cent.

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having an alcoholic psychosis. In 1930 this decreased to 1.8 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In the year 1930 this had decreased to 10.6 per cent. The alcoholic psychoses have comprised 7.3 per cent of first court admissions during the 14 years under consideration.

TABLE 42D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1930.*

YEAR.	ALCOHOLIC PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
Total	2,751	513	3,264	11.7	2.4	7.3

Dementia Praecox

Table 42E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1930. In considering the totals, we observe that the

the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 3 per cent higher than the males.

It is interesting to observe that over the period 1917-1930 dementia praecox patients have comprised almost one-fourth of our total first court admissions to state hospitals, by far the largest percentage of any of the important psychoses under consideration.

TABLE 42E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1930.*

YEAR.	DEMENTIA PRAECOX.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
Total	5,264	5,305	10,569	22.4	25.0	23.6

Manic-Depressive Psychoses.

Table 42F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1930. The lowest proportion of first admissions diagnosed as manic-depressive psychoses occurred in the year 1919, 8.1 per cent. The highest proportion is noted in the year 1929, 12.8 per cent. There appears to be a rather consistent increase in the proportions of cases with this diagnosis, although the percentage decreased to 11.1 in 1930. The sexes show a marked difference in the preponderance of cases among the females. We might say that approximately twice as many females as males are diagnosed manic-depressive. Cases with this diagnosis comprised 10.5 per cent of all first court admissions over the 14-year period.

TABLE 42F. — *Number and Percentage with Manic-Depressive Psychoses, First Court Admissions, 1917-1930.*

YEAR.	MANIC-DEPRESSIVE PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
Total	1,833	2,896	4,729	7.8	13.5	10.5

Psychoses with other Somatic Diseases.

Table 42G gives the percentages of first admissions diagnosed as psychoses with other somatic diseases for the years 1917-1930. The lowest proportion of cases with this psychosis occurred in 1917, 2.1 per cent, and the highest proportion in 1927, 4.2 per cent. The numbers of cases involved are so small, however, that they render further discussion inadvisable. This psychosis tends to occur in females in higher proportions than in males, the ratio being approximately 2.1.

TABLE 42G. — *Number and Percentage of Psychoses with Other Somatic Diseases, First Court Admissions, 1917-1930.*

YEAR.	PSYCHOSES WITH OTHER SOMATIC DISEASES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2
1929	44	68	112	2.8	4.6	3.7
1930	44	69	113	2.6	4.5	3.5
Total	524	926	1,450	2.2	4.3	3.2

Psychoses Due to Drugs.

Table 42H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1930. The number of cases coming under this heading have been very small throughout the period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

TABLE 42H. — *Number and Percentage with Drug Psychoses, First Court Admissions, 1917-1930.*

YEAR.	PSYCHOSES DUE TO DRUGS			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
Total	79	75	154	0.3	0.3	0.3

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

The percentage of psychoses in the various economic groups is shown in Table 43 for both first regular court and all temporary admissions. The largest proportion of admissions to State Hospitals come from the "marginal" economic class, with the "dependent" and "comfortable" following next in order. It will be of interest to compare the psychoses and forms of admission with the various grades of economic status.

TABLE 43. — *Economic Status of First Court and Temporary Care Admissions, 1930, by Psychoses; Percentage Distribution.*

PSYCHOSES.	FIRST COURT ADMISSIONS.				ALL TEMPORARY ADMISSIONS. ¹			
	De- pendent.	Mar- ginal.	Com- fortable.	Un- known.	De- pendent.	Mar- ginal.	Com- fortable.	Un- known.
Traumatic	12.5	62.5	12.5	12.5	5.6	88.8	5.6	—
Senile	27.0	59.0	7.9	6.1	21.5	71.4	—	7.1
With cerebral arteriosclerosis . .	16.0	70.7	8.4	4.9	13.9	75.0	7.4	3.7
General paralysis	11.3	81.4	4.3	3.0	7.5	91.1	—	1.4
With cerebral syphilis	19.1	80.9	—	—	—	87.5	—	12.5
With Huntington's chorea	12.5	75.0	12.5	—	—	100.0	—	—
With brain tumor	12.5	37.5	50.0	—	—	100.0	—	—
With other brain or nervous diseases	24.6	62.4	13.0	—	4.4	92.7	2.9	—
Alcoholic	7.8	78.6	6.8	6.8	4.9	91.2	1.7	2.2
Due to drugs and other exoge- nous toxins	13.6	59.1	22.8	4.5	—	93.8	6.2	—
With pellagra	—	100.0	—	—	—	—	—	—
With other somatic diseases . . .	8.0	70.8	12.4	8.8	8.6	84.6	3.4	3.4
Manic-depressive	8.7	77.8	12.4	1.1	2.9	95.3	1.2	.6
Involution melancholia	5.3	79.0	14.6	1.1	—	97.7	—	2.3
Dementia praecox	12.0	79.4	5.5	3.1	2.7	96.1	.4	.8
Paranoia or paranoid condi- tions	12.6	78.2	5.8	3.4	3.8	92.4	—	3.8
Epileptic psychoses	17.7	79.4	2.9	—	3.0	94.0	3.0	—
Psychoneuroses and neuroses . .	18.9	67.6	10.8	2.7	5.9	89.3	2.4	2.4
With psychopathic personality . .	20.7	72.5	3.4	3.4	4.5	91.0	—	4.5
With mental deficiency	35.4	60.6	2.0	2.0	15.6	84.4	—	—
Undiagnosed psychoses	12.3	80.9	2.7	4.1	3.3	92.5	.9	3.3
Without psychoses	23.6	66.7	2.8	6.9	11.9	83.0	1.6	3.5
Diagnosis deferred	7.7	64.1	15.4	12.8	4.8	93.6	—	1.6
All clinical groups	14.9	73.6	7.7	3.8	6.6	89.6	1.6	2.2

¹Includes temporary care and observation admissions.

In first regular admissions we find that the psychoses with mental deficiency, 35.4 per cent; the senile psychosis, 27.0 per cent; and the psychoses with other brain or nervous diseases, 24.6 per cent, comprised the larger percentages of the "dependent" economic class. In all temporary admissions the predominant psychoses in the "dependent" group are senile psychoses, 21.5 per cent; psychoses with mental deficiency, 15.6 per cent; cerebral arteriosclerosis, 13.9 per cent; and without psychoses 11.9 per cent. Two psychoses dominate in the "dependent" group for both first regular and all temporary admissions; psychoses with mental deficiency, and senile psychoses. It will be observed that the temporary cases show a smaller proportion in the "dependent" classes than do the first regular admission cases.

With regard to first regular admissions of "marginal" economic status, we find that about one-half of the psychoses have a greater incidence in the "marginal" class than is found for the total psychoses for this economic status, 73.6 per cent. In all temporary admissions there is a still greater incidence of psychoses above the average of "marginal" status, 89.6 per cent. There are proportionately more patients of a "marginal" economic status admitted on temporary forms than on a regular court commitment.

The first regular admissions show a higher percentage of patients recorded from the "comfortable" economic group than do the temporary admissions. Cases with involution melancholia or the manic-depressive predominate in the first admission cases (excluding other psychoses because of the few cases under consideration), while psychoses with cerebral arteriosclerosis and psychoses due to drugs predominate in the temporary admissions.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 44 shows the percentage of psychoses in education groups for first regular court and temporary care admissions for 1930. In the first regular admissions the following psychoses show a preponderance of illiterates and those who read and write: senile, cerebral arteriosclerosis, general paralysis, other brain or nervous diseases, alcoholic, paranoia or paranoid conditions, psychoses with psychopathic

TABLE 44. — *Degree of Education of First Court and Temporary Care Admissions, 1930, by Psychoses; Percentage Distribution.*

PSYCHOSES.	FIRST COURT ADMISSIONS					ALL TEMPORARY ADMISSIONS. 1						
	Illiterate	Reads and Writes.	Common School.	High School.	College	Unknown	Illiterate	Reads and Writes.	Common School.	High School.	College	Unknown
Traumatic	12.5	6.2	50.0	18.8	—	12.5	5.6	5.6	66.6	16.6	—	5.6
Senile	11.9	14.8	49.6	10.1	3.5	10.1	7.1	14.3	42.9	7.1	14.3	14.3
With cerebral arteriosclerosis	7.7	10.0	58.4	12.8	1.8	9.3	10.2	2.8	62.0	9.3	2.8	12.9
General paralysis	9.1	10.0	62.8	11.3	2.1	4.7	3.0	4.5	61.2	20.9	1.5	8.9
With cerebral syphilis	4.7	9.5	66.7	14.3	—	4.8	—	25.0	50.0	—	—	25.0
With Huntington's chorea	12.5	50.0	37.5	—	—	—	100.0	—	—	—	—	—
With brain tumor	16.7	—	33.3	33.3	—	16.7	14.3	—	57.1	14.3	—	14.3
With other brain or nervous diseases	11.6	13.1	53.6	17.4	1.4	2.9	10.3	2.9	66.2	17.7	2.9	—
Alcoholic	11.2	16.1	54.2	6.8	2.4	9.3	8.9	9.3	64.6	8.9	3.5	4.8
Due to drugs and other exogenous toxins.	4.5	—	63.6	22.8	—	9.1	—	3.1	53.1	28.1	9.4	6.3
With pellagra	—	—	100.0	—	—	—	—	—	—	—	—	—
With other somatic diseases	12.4	4.4	61.0	14.2	—	8.0	3.4	6.9	65.6	15.5	—	8.6
Manic-depressive	3.7	5.9	51.0	28.5	8.4	2.5	3.9	1.8	58.6	28.0	6.2	1.5
Involution melancholia	3.1	2.1	67.3	18.9	4.3	4.3	—	2.4	76.2	16.7	4.7	—
Dementia praecox	3.5	7.0	54.8	25.0	5.6	4.1	1.2	2.7	61.3	25.0	6.6	3.2
Paranoia or paranoid conditions	4.6	13.8	52.9	19.5	4.6	4.6	3.8	5.8	63.5	9.6	13.9	3.8
Epileptic psychoses	—	2.9	79.5	5.9	8.8	2.7	—	9.1	72.8	12.1	3.0	3.0
Psychoneuroses and neuroses	—	—	56.8	37.8	—	2.7	4.8	—	57.1	28.6	8.3	1.2
With psychopathic personality	17.3	—	51.7	27.6	3.4	—	—	—	59.1	36.4	4.5	—
With mental deficiency	20.0	26.7	48.7	1.3	—	3.3	17.8	15.6	60.0	—	—	6.6
Undiagnosed psychoses	6.2	8.9	56.9	18.5	6.8	2.7	4.2	2.1	56.6	22.9	3.8	10.4
Without psychoses	34.7	20.8	32.0	8.3	1.4	2.8	3.8	6.1	71.2	11.4	3.7	3.8
Diagnosis deferred	5.1	20.5	43.5	18.0	2.6	10.3	8.1	1.6	59.7	22.6	4.8	3.2
All clinical groups	8.1	10.3	55.0	17.0	3.8	5.8	4.8	4.5	63.6	17.7	4.6	4.8

¹Includes temporary care and observation admissions.

personality, psychoses with mental deficiency, and cases without psychoses. Psychoneuroses and neuroses and epileptic psychoses show a preponderance of cases having had a common school, high school or college education. This is especially true of the psychoneuroses in which the percentage having a high school education is noticeably high. Among the first regular admissions, a high school or college education is predominating in the following psychoses; psychoneuroses and neuroses, manic-depressive psychoses, dementia praecox and cases with psychopathic personality.

In all temporary admissions, the predominance of illiterate and those who read and write only, is found in the senile psychoses, psychoses with cerebral syphilis, alcoholic psychoses and psychoses with mental deficiency.

ADMISSION AGES OF FIRST COURT ADMISSIONS BY PSYCHOSES.

As we have seen from previous tables, the number of first regular court admissions for 1930 was 3,182; 1,663 males and 1,519 females. The average age at admission was 47.8 years; 47.2 years for males, and 48.4 years for females.

Table 45 gives the percentage distributions of admission age for the various psychoses. We see that the modal age group for both sexes with traumatic psychoses was 50 to 54 years; for senile psychoses, 75 to 79 years. For psychoses with cerebral arteriosclerosis, this figure falls within the 70 to 74 age group; for general paralysis, 45 to 49 years; for psychoses with cerebral syphilis, 55 to 59 years; for psychoses with Huntington's chorea, 45 to 49 years. For alcoholic psychoses, the modal age was 35 to 39 years; for psychoses due to drugs and other exogenous toxins, 35 to 39 years; for psychoses with pellagra, 65 to 69 years; for manic-depressive psychoses, 35 to 39 years; for dementia praecox, 25 to 29 years; for paranoia or paranoid conditions, 45 to 49 years; for epileptic psychoses 35 to 39 years; for psychoneuroses and neuroses, 30 to 34 years; and for psychoses with psychopathic personality, 35 to 39 years.

In considering all clinical groups we see the modal admission age falls in the group 35-39 years, this group accounting for over 10 per cent of all admissions. While over 50 per cent of the patients admitted come to the mental hospitals between the ages of 20 to 49 years, the age distribution shows a fairly even spread up to 75-79 year group. It will be seen that 5.3 per cent of cases admitted were over 80 years of age. Judging from this table, one might say that the first admission ages are spread out quite uniformly from the age of 20 to 79 years.

ADMISSION AGES OF ALL TEMPORARY ADMISSIONS, BY PSYCHOSES.

The total number of all temporary admissions for 1930 was 2,356; 1,365 males, and 991 females. The average age for both sexes was 38.9 years; 40.1 years for males and 37.1 years for females. The percentage distributions of age groups of all temporary admissions for the various psychoses are outlined in Table 46.

The modal age group for both sexes for senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 70 years and over; for general paralysis, 35 to 39 years. The modal age for psychoses with brain tumor was between 45 and 54 years; for alcoholic psychoses, 35 to 39 years; for psychoses with other somatic diseases, 55 to 59 years. The modal age for manic-depressive psychoses was 25 to 29 years; for involution melancholia, 45 to 49 years; for dementia praecox 30 to 34 years; for paranoia or paranoid conditions, 45 to 49 years; for epileptic psychoses, 35 to 39 years; for psychoneuroses and neuroses, 40 to 44 years; for psychoses with psychopathic personality, 30 to 34 years; for psychoses with mental deficiency, 15 to 24 years; for undiagnosed psychoses, 35 to 39 years; and for cases without psychoses, 15 to 19 years.

In considering the totals for all clinical groups, we observe that the mode falls in the age group 35-39 years. However, in considering the admission ages of these temporary care cases, we observe that 56.1 per cent are admitted under the age of 40 years. We also note that the tendency for an even spread of admission age up to 70 years is not observed in this type of case as it was in the first admissions. Judging from the age of admission, we may say that the type of case admitted under temporary care will probably come into the hospital under the age of 40 years.

TABLE 45. — *Admission Ages of First Court Admissions, 1930, by Psychoses; Percentage Distribution.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	—	100.0	—	—	—	6.2	—	6.2	6.2	—	6.2	—	—	—	6.2	—	6.2
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	1.1	—	—	—	—	—	2.2	2.2	2.2	2.2	2.2	2.2	9.2	4.4	8.2
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	.4	7.7	—	4.7	7.7	—	4.7	7.7	25.0	14.3
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	20.0	—	12.5	—	—	—	—	—	—
With brain tumor	100.0	100.0	100.0	—	—	16.7	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	100.0	100.0	100.0	50.0	—	—	—	—	—	18.2	5.5	11.6	—	8.3	4.3	—	8.3	4.3
Alcoholic	100.0	100.0	100.0	3.0	8.3	5.8	3.0	5.5	4.3	—	—	—	—	—	—	—	—	—
With pellagra	100.0	100.0	100.0	—	—	—	—	—	.5	.6	—	—	2.8	—	2.4	8.5	3.5	7.8
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	12.5	14.3	13.6
Manic-depressive	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	100.0	100.0	100.0	.7	—	—	2.2	—	.9	4.6	13.0	9.7	—	7.3	4.4	9.1	5.8	7.1
Dementia praecox	100.0	100.0	100.0	—	—	—	2.8	6.1	4.8	14.0	12.3	13.0	8.3	9.9	9.3	7.7	13.2	11.0
Paranoia or paranoid conditions	100.0	100.0	100.0	—	.5	—	10.5	7.8	9.1	—	—	—	—	—	—	—	—	—
Epileptic psychoses	100.0	100.0	100.0	—	—	—	—	—	—	—	1.8	1.1	3.2	3.6	3.5	12.9	7.1	9.2
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	10.5	6.7	8.8	5.3	13.3	8.8	15.8	6.7	11.8	15.8	6.7	11.8
With psychopathic personality	100.0	100.0	100.0	—	—	—	6.7	9.1	8.1	13.3	4.5	8.1	6.7	13.7	10.8	39.9	13.7	24.4
With mental deficiency	100.0	100.0	100.0	—	—	—	14.2	13.3	13.8	—	26.7	13.8	7.2	20.0	13.8	14.2	16.4	6.9
Undiagnosed psychoses	100.0	100.0	100.0	1.4	3.8	2.7	14.1	12.6	13.3	21.1	13.9	17.3	12.6	8.9	10.7	12.6	16.4	14.7
Without psychoses	100.0	100.0	100.0	—	—	—	9.8	9.4	9.6	8.5	9.4	8.9	13.4	9.4	11.6	12.2	14.1	13.1
Diagnosis deferred	100.0	100.0	100.0	25.0	28.6	26.4	13.6	10.7	12.5	4.6	17.9	9.8	9.1	10.7	9.8	6.8	7.1	6.9
All clinical groups	100.0	100.0	100.0	1.0	1.0	1.0	4.4	4.3	4.3	7.6	7.6	7.6	7.8	7.1	7.4	8.4	8.4	8.4

TABLE 45. — Admission Ages of First Court Admissions, 1930, by Psychoses; Percentage Distribution. — Continued.

	35-39 YEARS.				40-44 YEARS.				45-49 YEARS.				50-54 YEARS.				55-59 YEARS.			
	M.		F.		M.		F.		M.		F.		M.		F.		M.		F.	
	T.		T.		T.		T.		T.		T.		T.		T.		T.		T.	
Traumatic	18.8	—	18.8	—	12.6	—	12.6	—	6.2	—	6.2	—	31.2	—	31.2	—	12.6	—	12.6	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.0	—	5.2	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10.0	—	11.0	—
General paralysis	12.4	4	15.2	13.0	18.9	10.9	17.3	2.2	2.2	1.3	1.8	5.7	5.7	4.4	5.1	8.6	13.0	10.4	9.3	10.4
With cerebral syphilis	13.4	—	9.6	—	7.7	—	4.7	22.7	21.7	22.5	10.3	15.2	10.3	11.3	11.3	23.0	13.0	23.8	23.8	23.8
With Huntington's chorea	20.0	—	12.5	—	—	—	—	20.0	66.7	37.5	20.0	—	15.4	12.5	14.3	23.0	33.3	12.5	12.5	12.5
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	6.1	8.3	7.2	—	50.0	25.0	33.3	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	21.5	10.7	20.0	—	12.4	7.1	11.7	15.8	14.3	15.6	13.0	14.3	13.0	13.2	13.2	6.1	5.5	5.8	13.2	13.2
Due to drugs and other exogenous toxins	50.0	14.3	27.3	—	25.0	—	9.1	12.5	7.1	9.1	—	—	14.3	9.1	—	12.4	17.9	13.2	13.2	13.2
With pellagra	—	—	—	—	50.0	—	33.3	50.0	—	—	—	—	—	—	—	—	21.4	13.6	13.6	13.6
With other somatic diseases	9.1	11.6	10.6	—	11.4	8.7	9.7	13.6	8.7	10.6	4.6	11.6	8.9	—	—	13.6	11.6	12.4	12.4	12.4
Manic-depressive	14.7	15.1	14.9	—	13.3	9.4	11.0	15.4	13.2	14.1	11.9	10.9	11.3	—	—	4.2	3.8	3.9	3.9	3.9
Involution melancholia	3.1	6.3	5.3	—	3.1	4.8	4.2	25.0	22.2	23.2	18.8	30.1	26.3	—	—	15.6	17.5	16.8	16.8	16.8
Dementia praecox	11.7	14.7	13.2	—	6.5	8.7	7.6	4.8	12.0	8.5	5.3	6.8	6.0	—	—	1.5	3.9	2.7	2.7	2.7
Paranoia or paranoid conditions	10.1	7.1	10.4	—	16.1	21.4	19.9	25.8	19.6	21.8	9.7	16.1	13.8	—	—	9.7	14.3	12.6	12.6	12.6
Epileptic psychoses	21.0	26.6	23.6	—	10.5	20.0	14.7	—	13.3	5.9	—	—	—	—	—	5.3	—	2.9	2.9	2.9
Psychoneuroses and neuroses	6.7	9.1	8.1	—	13.3	13.7	13.5	6.7	4.5	5.4	7.2	—	—	—	—	—	9.1	5.4	5.4	5.4
With psychopathic personality	28.4	13.3	20.7	—	7.2	6.7	6.9	7.2	13.3	10.4	7.2	—	—	—	—	7.2	6.7	6.9	6.9	6.9
With mental deficiency	8.6	11.4	10.0	—	11.2	10.0	10.7	8.6	8.9	8.7	2.8	1.3	2.0	—	—	4.2	5.1	4.6	4.6	4.6
Undiagnosed psychoses	12.2	14.1	13.1	—	13.4	10.9	12.3	7.3	6.3	6.8	7.3	17.2	11.6	—	—	6.1	4.6	5.5	5.5	5.5
Without psychoses	13.6	14.3	13.9	—	9.1	7.1	8.4	9.1	—	5.5	6.8	—	4.2	—	—	—	3.6	1.3	1.3	1.3
Diagnosis deferred	10.5	15.0	12.8	—	—	25.0	12.8	5.3	15.0	10.3	15.8	5.0	10.3	—	—	10.5	—	5.1	5.1	5.1
All clinical groups	10.6	9.6	10.1	—	8.8	7.4	8.1	9.9	9.6	9.8	7.9	8.5	8.2	—	—	6.7	7.5	7.1	7.1	7.1

PSYCHOSES.

TABLE 46. — *Admission Ages of All Temporary Admissions¹ 1930, by Psychoses; Percentage Distribution.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	11.8	—	11.1	23.6	—	22.2	5.8	—	5.6
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	100.0	100.0	100.0	—	—	—	1.7	—	1.5	—	—	—	1.7	10.0	3.0	17.5	—	14.9	22.8	30.0	23.9
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	14.3	—	12.5	14.3	—	12.5
With brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	100.0	—	100.0
With other brain or nervous diseases	100.0	100.0	100.0	20.0	—	14.2	—	—	—	—	—	—	—	—	—	—	50.0	14.3	20.0	—	14.3
Alcoholic	100.0	100.0	100.0	2.5	3.6	2.8	10.0	10.7	10.2	12.5	—	7.8	2.5	3.6	2.8	5.0	10.7	7.8	5.0	7.1	5.8
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	.5	—	.4	1.5	4.5	1.8	7.3	13.7	8.0	15.7	4.5	14.6	17.7	22.8	18.2
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	16.6	6.3	5.0	—	—	45.0	8.3	31.2	20.0	25.1	21.9
Manic-depressive	100.0	100.0	100.0	.6	.6	.6	3.7	4.0	3.8	4.3	5.7	5.2	4.3	17.1	12.1	13.1	11.4	12.1	8.7	11.4	10.4
Involution melancholia	100.0	100.0	100.0	—	—	—	—	—	—	11.0	13.6	12.4	14.6	14.2	14.4	10.4	12.5	11.5	11.0	13.1	12.1
Dementia praecox	100.0	100.0	100.0	—	.9	.4	9.5	4.6	7.4	17.6	13.0	15.6	20.3	10.2	16.0	16.2	23.1	19.2	12.1	13.9	12.9
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	3.4	1.9	—	—	—	4.3	3.4	3.8	17.4	13.8	15.4	4.3	17.2	11.6
Epileptic psychoses	100.0	100.0	100.0	—	—	—	5.9	—	3.1	5.9	—	3.1	5.9	12.5	9.0	17.6	12.5	15.1	11.8	37.6	24.2
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	6.2	22.2	13.1	10.4	19.4	14.3	10.4	16.7	13.1	20.8	5.6	14.3	18.8	11.1	15.5
With psychopathic personality	100.0	100.0	100.0	—	—	—	—	21.4	13.6	12.5	21.4	18.2	21.4	16.7	13.1	37.5	21.4	27.4	25.0	7.2	13.6
With mental deficiency	100.0	100.0	100.0	—	7.1	4.4	17.7	21.5	20.1	17.7	21.5	20.1	11.7	10.7	11.1	20.6	12.0	15.8	29.4	7.1	13.6
Undiagnosed psychoses	100.0	100.0	100.0	1.8	3.0	2.5	5.6	6.0	5.8	8.4	15.8	12.5	8.4	7.5	7.9	37.5	12.0	15.8	15.0	21.8	18.8
Without psychoses	100.0	100.0	100.0	9.7	12.4	10.8	10.3	33.0	19.9	8.5	8.7	8.6	9.4	8.7	9.1	10.6	7.9	9.4	14.3	7.5	11.4
Diagnosis deferred	100.0	100.0	100.0	2.3	10.5	4.8	4.7	10.5	6.5	9.3	10.5	9.7	14.0	15.8	14.5	9.3	10.5	9.7	11.6	5.3	9.7
All clinical groups	100.0	100.0	100.0	2.8	4.1	3.4	5.5	12.5	8.5	7.6	10.4	9.1	9.5	9.6	9.5	13.5	11.3	12.6	13.6	12.5	13.0

¹Includes temporary care and observation admissions.

TABLE 46. — *Admission Ages of All Temporary Admissions,¹ 1930, by Psychoses; Percentage Distribution — Concluded.*

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	11.8	—	11.1	—	5.8	—	5.6	—	17.6	—	16.6	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis .	1.6	2.1	1.9	—	4.9	10.6	7.4	—	9.8	10.6	10.2	—	—	—
General paralysis	12.3	30.0	14.9	—	19.3	20.0	19.4	—	10.5	—	9.0	—	—	—
With cerebral syphilis	28.6	—	25.0	—	28.6	—	25.0	—	14.2	100.0	25.0	—	—	—
With Huntington's chorea . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	20.0	50.0	28.6	—	40.0	—	28.6	—	—	—
With other brain or nervous diseases	15.0	25.0	19.0	—	17.5	7.1	13.1	—	15.0	14.3	14.7	—	—	—
Alcoholic	15.2	18.2	15.5	—	15.2	13.7	15.0	—	8.8	9.1	8.9	—	—	—
Due to drugs and other exogenous toxins	15.0	25.1	18.8	—	10.0	8.3	9.4	—	21.7	8.3	3.1	—	—	—
With other somatic diseases . .	4.3	8.6	6.9	—	13.1	5.7	8.6	—	7.3	8.5	7.9	—	—	—
Manic-depressive	14.7	9.7	12.1	—	12.8	10.2	11.5	—	18.2	35.0	26.1	—	—	—
Involution melancholia	18.2	10.0	14.3	—	31.9	30.0	30.9	—	18.2	10.0	14.3	—	—	—
Dementia praecox	8.1	12.0	9.8	—	7.4	10.2	8.6	—	4.7	6.5	5.5	—	—	—
Paranoia or paranoid conditions	13.1	10.4	11.6	—	30.5	20.7	25.0	—	17.4	24.2	21.1	—	—	—
Epileptic psychoses	17.6	25.0	21.2	—	5.9	6.2	6.1	—	11.8	6.2	9.0	—	—	—
Psychoneuroses and neuroses . .	25.0	11.1	19.0	—	2.1	2.7	2.4	—	2.1	—	1.1	—	—	—
With psychopathic personality	25.0	7.2	13.6	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	23.5	—	8.8	—	—	7.1	4.4	—	—	—	—	—	—	—
Undiagnosed psychoses	10.3	9.8	10.0	—	11.3	3.0	6.7	—	7.5	12.0	10.0	—	—	—
Without psychoses	10.0	5.4	8.0	—	9.4	4.1	7.2	—	4.8	5.8	5.2	—	—	—
Diagnosed deferred	23.2	10.5	19.4	—	14.0	5.3	11.3	—	4.6	5.3	4.8	—	—	—
All clinical groups	12.5	9.4	11.2	—	11.6	7.7	9.9	—	7.5	8.5	7.9	—	—	—
									4.2	2.9	3.6	—	1.9	2.8
									2.3	2.1	2.2	—	2.8	2.2

¹Includes temporary care and observation admissions.

ADMISSION AGES OF ALL COURT READMISSIONS, BY PSYCHOSES.

The total number of regular court readmissions for 1930 was 782; males, 396, and females, 386. The average age for both sexes was 44.1 years; for males 42.6 years, and for females 45.6 years. Table 47 gives the percentage distributions of ages of court readmissions for the various psychoses.

The modal age group for both sexes with senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 70 years or higher; for general paralysis, 30 to 34 years. For psychoses with other brain or nervous diseases, the modal age was 35 to 39 years; for alcoholic psychoses, 50 to 54 years; for psychoses with other somatic diseases, 55 to 59 years and 65 to 69 years; for manic-depressive psychoses, 40 to 44 years; for dementia praecox, 30 to 40 years; for epileptic psychoses, 25 to 29 years; for psychoses with mental deficiency, 35 to 39 years; for undiagnosed psychoses, 30 to 34 years; and for cases without psychoses, 35 to 39 years.

When we consider the ages of all clinical groups combined, we observed that the modal age falls in the group 35 to 39 years. This modal age is the same as that observed in both regular commitments and temporary care admissions. We observe that 69 per cent of the readmissions fall in the age groups 30-59 years.

Readmissions under 30 years of age are comparatively rare. First admissions are spread out quite uniformly between the ages of 20 and 80 years. Temporary care admissions tend to enter the hospital under the age of 40 years, and the readmissions tend to occur between the ages of 30 and 59 years. Readmissions show an unexpected decrease in the age groups 60 years and higher.

AVERAGE ADMISSIONS AGES OF FIRST COURT ADMISSIONS, COURT READMISSIONS, AND ALL TEMPORARY CARE ADMISSIONS, BY PSYCHOSES.

Table 48 outlines the average age at admission for first regular court admissions, temporary care admissions, and all readmissions for the year 1930, by psychoses. In considering all psychoses, we observe that the average age of first admissions is 47.83 years, for readmissions, 44.12 years and for temporary care admissions, 38.95 years. We observe that the readmissions are readmitted at a lower average age than the first admissions. However, it should be recalled that the senile psychoses and psychoses with cerebral arteriosclerosis with their high admission ages make up large proportions of the first admissions. These psychoses and others admitting patients at older ages are comparatively rare among the readmissions.

Considering the diagnoses presenting the larger number of admissions, we see that the average age of readmissions is less than that of first admissions in psychoses with cerebral arteriosclerosis (first admissions, 69.65 years — readmissions, 65.83); general paralysis, (first admissions, 46.41 — readmissions, 40.59); and epileptic psychoses, (first admissions, 37.94 — readmissions, 32.50 years). In the following psychoses the readmission age is higher than the first admission age: senile psychoses (first admissions, 74.83 — readmissions, 75.76 years); alcoholic psychoses (first admissions, 47.81 — readmissions, 50.75 years); manic-depressive psychoses (first admissions, 39.33 — readmissions, 47.38 years); dementia praecox (first admissions, 33.48 — readmissions, 37.69 years); psychoneuroses and neuroses (first admissions, 38.85 — readmissions, 44.72); and cases without psychoses, (first admissions, 28.37 — readmissions, 43.75 years).

We observe that the average age for temporary care admissions is generally below the average for first admissions and readmissions. As the use of the temporary care form of admission measures, to a certain extent, the success of community mental hygiene activities, we note with interest that the temporary care admissions are coming into our mental hospitals approximately 10 years before the first admissions by court commitment.

TABLE 47. — *Admission Ages of All Readmissions by Court Commitment, 1930, by Psychoses; Percentage Distribution. — Concluded.*

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—	50.0	—	50.0	—	—	—	—	—	—	100.0	92.3	94.1
Senile	—	—	—	—	—	—	—	—	—	27.3	15.4	20.8	36.3	15.4	25.0	—	7.7	5.9	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	6.7	16.7	9.5	—	—	—	6.7	30.7	16.7	36.4	23.1	29.2
General paralysis	—	33.3	9.5	20.0	—	14.2	6.7	—	8.3	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	100.0	—	50.0	—	100.0	50.0	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	20.0	—	11.1	—	25.0	11.1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	16.6	—	15.6	16.6	—	15.6	19.1	33.3	20.0	4.8	—	4.4	14.3	33.3	15.6	2.4	33.4	4.4	7.1	—	6.7
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Pellagra	—	—	—	—	—	—	—	—	—	16.7	16.6	16.7	—	—	—	—	—	—	—	—	—
With other somatic diseases	20.6	16.7	8.3	8.2	11.1	10.2	12.3	15.3	14.3	12.3	12.5	12.4	11.0	6.9	8.3	16.7	16.6	16.7	49.9	—	23.1
Manic-depressive	—	—	—	—	23.1	15.0	42.9	23.1	30.0	28.5	23.1	25.0	14.3	15.3	15.0	5.5	2.8	3.7	4.2	4.8	4.5
Involution melancholia	14.1	15.1	14.6	4.4	11.1	7.4	3.2	11.1	6.7	3.7	4.0	3.9	6	4.0	2.1	1.2	1.6	1.4	—	15.4	10.0
Dementia praecox	—	25.0	11.1	20.0	37.5	27.7	10.0	25.0	16.6	20.0	—	11.1	—	—	—	10.0	—	5.6	—	—	5.6
Paranoia or paranoid conditions	—	40.0	18.2	16.7	—	9.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	28.6	22.2	50.0	14.3	22.2	—	14.3	11.1	—	14.2	11.1	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	33.3	—	22.2	—	33.3	11.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	37.6	9.0	25.9	—	—	—	—	9.0	3.7	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	7.7	23.0	12.8	11.6	7.7	10.2	3.8	—	2.6	11.6	7.7	10.2	3.8	7.7	5.1	3.8	—	2.6	—	7.7	2.6
Undiagnosed psychoses	—	33.3	12.5	—	—	—	—	33.4	12.5	20.0	—	12.5	—	—	—	20.0	—	12.5	—	—	—
Without psychoses	—	—	—	33.4	—	12.5	—	—	—	—	80.0	50.0	—	20.0	12.5	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All clinical groups	13.6	14.0	13.8	8.3	10.4	9.3	7.1	13.2	10.1	7.8	9.3	8.6	5.3	5.7	5.5	3.3	3.4	3.3	4.6	6.2	5.4

TABLE 48. — *Average Admission Ages of First Court Admissions, Court Readmissions and All Temporary Care Admissions, 1930, by Psychoses.*

PSYCHOSES.	AVERAGE AGE AT ADMISSION IN YEARS.			
	All Admissions.	First Admissions.	Readmissions.	Temporary ¹ Care Admissions.
Traumatic	44.16	43.43	47.50	44.44
Senile	74.79	74.83	75.76	72.85
With cerebral arteriosclerosis	68.47	69.65	65.83	63.51
General paralysis	45.36	46.41	40.59	43.24
With cerebral syphilis	46.85	47.50	50.00	44.37
With Huntington's chorea	46.38	47.50	—	37.50
With brain tumor	42.42	44.50	—	40.64
With other brain or nervous diseases	41.89	43.70	34.16	41.08
Alcoholic	46.02	47.81	50.75	43.47
Due to drugs and other exogenous toxins	42.76	48.63	52.50	38.43
With pellagra	52.50	52.50	—	—
With other somatic diseases	47.66	48.34	53.75	45.08
Manic-depressive	41.07	39.33	47.38	38.85
Involution melancholia	52.85	53.18	57.25	50.00
Dementia praecox	34.62	33.48	37.69	34.14
Paranoia or paranoid conditions	46.00	46.63	48.05	44.23
Epileptic psychoses	37.94	37.94	32.50	39.77
Psychoneuroses and neuroses	35.88	38.85	44.72	33.63
With psychopathic personality	33.25	35.08	35.27	30.00
With mental deficiency	32.91	33.88	34.16	28.92
Undiagnosed psychoses	38.06	38.76	40.32	37.69
Without psychoses	32.63	28.37	43.75	33.01
Diagnosis deferred	41.27	46.47	50.62	36.79
All clinical groups	43.99	47.83	44.12	38.95

¹Includes temporary care and observation admissions.TABLE 49. — *Psychoses of Voluntary Care Admissions to Hospitals for Mental Diseases, 1930; Percentage Distribution.*

PSYCHOSES.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	.5	—	.3
Senile	—	—	—	—	—	—
With cerebral arteriosclerosis	3	—	3	1.6	—	.9
General paralysis	13	1	14	7.0	.7	4.4
With cerebral syphilis	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—
Alcoholic	2	—	2	1.0	—	.6
Due to drugs and other exogenous toxins	2	1	3	1.0	.7	.9
With pellagra	—	—	—	—	—	—
With other somatic diseases	3	2	5	1.6	1.5	1.6
Manic-depressive	17	24	41	9.2	17.9	12.8
Involution melancholia	—	—	—	—	—	—
Dementia praecox	3	2	5	1.6	1.5	1.6
Paranoia or paranoid conditions	—	—	—	—	—	—
Epileptic psychoses	40	25	65	21.5	18.7	20.2
Psychoneuroses and neuroses	16	10	26	8.6	7.5	8.1
With psychopathic personality	2	—	2	1.0	—	.6
With mental deficiency	—	—	—	—	—	—
Undiagnosed psychoses	1	3	4	.5	2.2	1.2
Without psychoses	82	64	146	43.9	47.8	45.6
Diagnosis deferred	2	2	4	1.0	1.5	1.2
All clinical groups	187	134	321	100.0	100.0	100.0

ALL VOLUNTARY CARE ADMISSIONS.

Table 49 gives the number and percentage distribution of the voluntary care admissions to hospitals for mental diseases during 1930 by psychoses and sex. The highest proportion of voluntary care admissions are observed in cases without psychoses, 45.6 per cent; epileptic psychoses, 20.2 per cent; manic-depressive

psychoses 12.8 per cent; and psychoneuroses and neuroses, 8.1 per cent. The lowest proportion of voluntary care admissions are observed in traumatic psychoses, .3 per cent; psychoses with psychopathic personality, .6 per cent; alcoholic psychoses, .6 per cent; and psychoses due to drugs and psychoses with cerebral arteriosclerosis, .9 per cent each. Insofar as we are dealing with small numbers, it is difficult to discuss the sex differences.

If we compare this data with that in Table 41 (First Admissions, Readmissions and Temporary Care Admissions, 1930 by Psychoses; percentage Distribution) we note that psychoses with cerebral arteriosclerosis, general paralysis, alcoholic psychoses, dementia praecox, and psychoses with mental deficiency are under-represented in the voluntary admissions. We observe that the manic-depressive psychoses show a somewhat similar percentage. However, the epileptic psychoses and cases without psychoses are greatly over represented. The voluntary care admissions present relatively twenty times as many cases of psychoses with epilepsy and twenty-one times as many cases without psychoses as is observed in first regular admissions.

ALL CASES ADMITTED BY TRANSFER.

Table 50 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1930 by psychoses and sex. We note that 627 patients were transferred from one mental hospital to another during the year 1930, (387 males and 240 females). Psychoses making up the greater proportion of these transfers were: dementia praecox, 52.2 per cent; manic-depressive psychoses, 8.9 per cent; general paralysis, 8.1 per cent; and psychoses with mental deficiency, 6.5 per cent. The following psychoses were represented in the smallest proportion: psychoses due to drugs, .2 per cent; traumatic psychoses and psychoneuroses and neuroses, .3 per cent each; and psychoses with cerebral syphilis, .5 per cent. The sex difference observed follows mainly the admission rates for the particular psychoses. Thus we see 11.9 per cent of males transferred as contrasted with 2.1 per cent of females in general paralysis. In manic-depressive, we see 6.7 per cent of males and 12.5 per cent of females. In psychoses with mental deficiency we note 4.7 per cent of males transferred as compared with 9.6 per cent of females.

TABLE 50. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1930; Percentage Distribution.*

PSYCHOSES.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	.3	—	.3
Senile	2	5	7	.5	2.1	1.1
With cerebral arteriosclerosis	7	5	12	1.8	2.1	1.9
General paralysis	46	5	51	11.9	2.1	8.1
With cerebral syphilis	3	—	3	.8	—	.5
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	6	3	9	1.5	1.2	1.4
Alcoholic	35	1	36	9.0	.4	5.7
Due to drugs and other exogenous toxins	—	1	1	—	.4	.2
With pellagra	—	—	—	—	—	—
With other somatic diseases	1	7	8	.3	2.9	1.3
Manic-depressive	26	30	56	6.7	12.5	8.9
Involution melancholia	2	7	9	.5	2.9	1.4
Dementia praecox	198	129	327	51.2	53.8	52.2
Paranoia or paranoid conditions	7	7	14	1.8	2.9	2.3
Epileptic psychoses	10	2	12	2.6	.9	1.9
Psychoneuroses and neuroses	2	—	2	.5	—	.3
With psychopathic personality	3	4	7	.8	1.7	1.1
With mental deficiency	18	23	41	4.7	9.6	6.5
Undiagnosed psychoses	11	3	14	2.8	1.2	2.3
Without psychoses	7	5	12	1.8	2.1	1.9
Diagnosis deferred	2	3	5	.5	1.2	.8
All clinical groups	387	240	627	100.0	100.0	100.0

Section C. All Discharges from Mental Hospitals during 1930.

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1930. This presentation does not include a discussion of the deaths, which follows in another section.

ALL CASES DISCHARGED TO THE COMMUNITY DURING 1930, BY PSYCHOSES.

Table 51 shows the number and percentage of first and readmissions who were discharged to the community during 1930. Among the first admissions it will be observed that the largest percentage discharged were cases without psychoses, 18.3 per cent, followed in order by manic-depressive psychoses, 16.5 per cent, and dementia praecox, 16.1 per cent. Disregarding those cases in which the number of discharges was less than twenty-five, we note that the senile psychoses, psychoses due to drugs and psychoses with psychopathic personality had the smallest percentage of patients discharged during 1930, 1.4 per cent, 1.3 per cent and 1.0 per cent respectively.

TABLE 51. — All Cases Discharged to the Community during 1930; by Form of Admission and Psychoses; Number and Percentage Distribution.¹

PSYCHOSES.	FIRST ADMISSIONS.		READMISSIONS.	
	No.	Percent.	No.	Percent.
Traumatic	21	.6	—	—
Senile	47	1.4	5	.7
With cerebral arteriosclerosis	149	4.4	11	1.8
General paralysis	111	3.3	12	1.9
With cerebral syphilis	14	.4	2	.3
With Huntington's chorea	2	.05	—	—
With brain tumor	4	.1	—	—
With other brain or nervous diseases	76	2.2	7	1.1
Alcoholic	346	10.1	36	5.6
Due to drugs and other exogenous toxins	44	1.3	5	.7
With other somatic diseases	83	2.4	4	.6
Manic-depressive	562	16.5	225	34.9
Involution melancholia	93	2.7	4	.6
Dementia praecox	547	16.1	167	25.9
Paranoia or paranoid conditions	83	2.4	16	2.5
Epileptic psychoses	81	2.4	19	2.9
Psychoneuroses and neuroses	138	4.0	5	.7
With psychopathic personality	33	1.0	14	2.2
With mental deficiency	72	2.1	30	4.6
Undiagnosed psychoses	226	6.6	33	5.1
Without psychoses	624	18.3	48	7.5
Diagnosis deferred	55	1.6	3	.4
All clinical groups	3,411	100.0	646	100.0

¹Includes committed cases, temporary care, observation, and voluntary cases discharged.

In considering the readmissions discharged during the year, we find that the largest percentages are found in the manic-depressive psychoses, with 34.9 per cent, and dementia praecox, with 25.9 per cent. The lowest percentages were among the cases with involution melancholia, .6 per cent, and the psychoses due to drugs, and the psychoneuroses and neuroses, .7 per cent each.

It will be observed from this table that a total of 4,057 cases were discharged to the community and that of these, the proportion of first admissions discharged was over five times that of readmissions. By far the greater proportion of cases discharged to the community in both first and readmissions, are cases with manic-depressive psychoses, 51.4 per cent and cases with dementia praecox, 42.0 per cent. The fewest cases discharged are those with senile psychoses, 2.1 per cent, and psychoses due to drugs, 2.0 per cent.

ALL CASES DISCHARGED BY TRANSFER DURING 1930, BY PSYCHOSES.

Table 52 shows the number and percentage of cases discharged to other institutions by transfer during 1930, giving the number and percentage distribution.

TABLE 52.—*All Cases Discharged by Transfer during 1930, by Psychoses; Number and Percentage Distribution.*

PSYCHOSES.	TRANSFERS.	
	Number.	Percent.
Traumatic	2	.3
Senile	6	.9
With cerebral arteriosclerosis	4	.6
General paralysis	51	8.1
With cerebral syphilis	2	.3
With Huntington's chorea	—	—
With brain tumor	—	—
With other brain or nervous diseases	8	1.3
Alcoholic	38	6.0
Due to drugs and other exogenous toxins	1	.1
With other somatic diseases	10	1.6
Manic-depressive	66	10.6
Involution melancholia	17	2.7
Dementia praecox	304	48.3
Paranoia or paranoid conditions	16	2.5
Epileptic psychoses	8	1.3
Psychoneuroses and neuroses	7	1.1
With psychopathic personality	8	1.3
With mental deficiency	44	7.0
Undiagnosed psychoses	31	4.9
Without psychoses	7	1.1
Diagnosis deferred	—	—
All clinical groups	630	100.0

Of the total 4,687 discharges during the year, 630, or 13.4 per cent were transfers, while as we observed in Table 51, 4,057 cases, or 86.6 per cent were discharged to the community. Among the cases transferred, it will be observed that the largest percentage occurs in the dementia praecox cases with 48.3 per cent, with manic-depressive psychoses, 10.6 per cent, and general paralysis, 8.1 per cent following next in order. The percentage of cases transferred with senile psychoses, cerebral arteriosclerosis or the psychoneuroses and neuroses is very small, .9 per cent, .6 per cent and 1.1 per cent respectively.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED.

Table 53 reveals that 1,608 regularly committed cases were discharged during the year: 381 as recovered, 984 as improved, 205 as unimproved, and 38 as without psychoses. It also states the rates per 100 admissions of the same diagnosis for each specific mental condition of the discharges. A discharge rate based on the relationship of discharges to admissions for the same year is one that is commonly used in statistics of mental diseases, in spite of the fact that it is not especially accurate.

The rate of all cases discharged per 100 admissions for the same year is 40.3; 37.0 for males and 44.4 for females. In the discussion only admissions and discharges under regular commitment are considered. When the individual psychoses are compared, the highest rate of discharge occurs in the manic-depressive psychoses, 78.9 discharges per 100 admissions for the same psychoses. Next in order come those cases which were diagnosed as psychoneuroses and neuroses, with a discharge rate of 71.7 per each 100 admissions. Psychoses due to drugs and other exogenous toxins are next with a discharge rate of 66.6. Following in order are: psychoses with psychopathic personality, 63.1; alcoholic psychoses, 61.2; epileptic psychoses 51.1 and dementia praecox, 49.0. The most significant of these rates are those for manic-depressive psychoses and dementia praecox, as the others are based on relatively small numbers.

The lowest rate of discharge is that for psychoses with Huntington's chorea, 12.5. The next lowest rate is for psychoses with cerebral arteriosclerosis, 14.1; and senile psychoses 14.2. The majority of psychoses not mentioned specifically do not differ significantly from the average for all psychoses.

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1930.*

	ALL ADMISSIONS. ¹			ALL DISCHARGES. ¹			RECOVERED.		
	NUMBER.			NUMBER.			RATE PER 100 ADMISSIONS SAME DIAGNOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoses.									
Traumatic	18	—	18	4	—	4	22.2	—	22.2
Senile	109	186	295	16	26	42	14.6	13.9	14.2
With cerebral arteriosclerosis	290	242	532	32	43	75	11.0	17.7	14.1
General paralysis	200	52	252	42	9	51	21.0	17.3	20.2
With cerebral syphilis	14	9	23	5	5	10	35.7	55.5	43.4
With Huntington's chorea	5	3	8	1	—	1	20.0	—	12.5
With brain tumor	2	4	6	—	—	—	—	—	—
With other brain or nervous diseases	38	40	78	8	17	25	21.0	42.5	32.0
Alcoholic	219	31	250	128	25	153	58.4	80.6	61.2
Due to drugs and other exogenous toxins	8	16	24	8	8	16	100.0	50.0	66.6
With pellagra	2	1	3	—	—	—	—	—	—
With other somatic diseases	50	75	125	10	28	38	20.0	37.3	30.4
Manic-depressive.	216	356	572	130	293	423	60.1	82.3	78.9
Involution melancholia	30	76	115	18	36	54	46.1	47.3	46.0
Dementia praecox	480	460	940	236	225	461	49.1	48.9	49.0
Paranoia or paranoid conditions	41	64	105	15	33	48	36.5	51.5	43.7
Epileptic psychoses	25	20	45	14	9	23	56.0	45.0	51.1
Psychoneuroses and neuroses	17	29	46	8	25	33	47.0	86.2	71.7
With psychopathic personality	20	18	38	17	7	24	85.0	38.9	63.1
With mental deficiency	87	90	177	29	28	57	33.3	31.1	32.2
Undiagnosed psychoses	108	77	185	14	16	30	12.9	20.7	16.2
Without psychoses	49	31	80	25	13	38	51.0	41.9	47.5
Diagnosis deferred	22	25	47	2	—	2	9.0	—	4.2
Total	2,059	1,905	3,964	762	846	1,608	37.0	44.4	40.3
							168	213	381
							8.1	11.1	9.6

¹Includes admissions and discharges under regular court commitment.

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rates per 100 Admissions of Same Diagnosis, 1930. — Concluded.*

PSYCHOSES.	IMPROVED.						UNIMPROVED.						WITHOUT PSYCHOSES.					
	NUMBER.			RATE PER 100 ADMISSIONS SAME DIAGNOSIS.			NUMBER			RATE PER 100 ADMISSIONS SAME DIAGNOSIS.			NUMBER.			RATE PER 100 ADMISSIONS SAME DIAGNOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	16.6	—	16.6	—	2	7	9	—	—	—	—	—	—	—	—
Senile	9	16	25	8.2	8.6	8.4	—	7	12	19	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	22	27	49	7.5	9.9	9.2	—	8	1	9	—	—	—	—	—	—	—	—
General paralysis	34	8	42	17.0	15.4	16.6	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	5	5	10	35.7	55.5	43.4	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	1	—	1	20.0	—	12.5	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	15	22	18.4	37.5	28.2	—	1	1	2	—	—	—	—	—	—	—	—
With other brain or nervous diseases	7	15	22	28.3	45.1	30.4	—	12	—	12	—	—	—	—	—	—	—	—
Alcoholic	62	14	76	37.5	31.2	33.3	—	1	—	1	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	5	15	10.0	20.0	16.0	—	1	5	6	—	—	—	—	—	—	—	—
With other somatic diseases	68	134	202	31.4	37.6	35.3	—	11	20	31	—	—	—	—	—	—	—	—
Manic-depressive	12	30	42	30.7	39.4	36.5	—	1	2	3	—	—	—	—	—	—	—	—
Involution melancholia	164	165	329	34.1	35.8	35.0	—	49	37	86	—	—	—	—	—	—	—	—
Dementia praecox	11	28	39	26.8	43.7	37.1	—	2	3	5	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	9	9	18	36.0	45.0	40.0	—	5	2	5	—	—	—	—	—	—	—	—
Epileptic psychoses	5	19	24	29.4	65.5	52.1	—	—	1	1	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	10	6	16	50.0	33.3	42.0	—	2	—	2	—	—	—	—	—	—	—	—
With psychopathic personality	15	22	37	17.2	24.4	20.9	—	7	1	8	—	—	—	—	—	—	—	—
With mental deficiency	8	11	19	7.4	14.2	10.2	—	5	1	6	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	2	—	2	9.0	—	4.2	—	—	—	—	—	—	—	—	—	—	—	—
Total	455	529	984	22.0	27.8	24.8	—	114	91	205	—	—	25	13	38	1.2	.6	.9

Includes admissions and discharges under regular court commitment.

Considering the rates for the totals in each mental condition we note that those discharged as "improved" have the highest rate per 100 admission, 24.8. The "recovered" and the "unimproved" rates of 9.6 and 5.1 are comparatively the same, while the rate for "without psychoses" is much smaller, .9.

The psychoses having the largest proportion of recoveries in comparison with admissions are: manic-depressive (33.2 cases discharged as recovered per 100 admissions for the same psychoses); psychoses due to drugs and other exogenous toxins, 29.1; alcoholic psychoses, 26.0; and psychoneuroses and neuroses, 17.4.

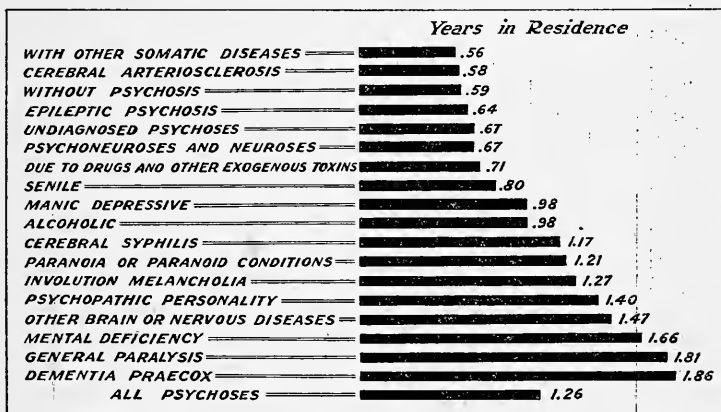
The psychoses showing the smallest proportion of recoveries are: dementia praecox (4.8 cases discharged as recovered per 100 admissions for the same psychoses); senile psychoses and undiagnosed psychoses, 2.7 each; psychoses with cerebral arteriosclerosis, 1.3; and psychoses with other brain or nervous diseases, 1.2.

The psychoses having the largest proportion of cases "improved" in comparison with admissions are those with psychoneuroses and neuroses (52.1 cases discharged as improved per 100 admissions of the same psychoses); psychoses with cerebral syphilis 43.4; and epileptic psychoses, 40.0. Both senile psychoses and psychoses with cerebral arteriosclerosis present small proportions of cases discharged as improved (8.4 and 9.2 cases per 100 admissions of the same psychoses, respectively).

For cases which were diagnosed as "without psychoses", the discharge rate is 47.5 per 100 admissions of the same psychoses.

AVERAGE TIME WITHIN INSTITUTION DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED.

The average hospital stay in years for all psychoses and for both sexes is one year, three months, (Table 54 and Graph 3). Patients who were discharged as "recovered" remained a little over four fifths of a year. Those discharged as "improved" remained one and two-fifths years. Patients discharged as "unimproved" remained the longest period of all, over one and two-fifths years. Those discharged as "without psychoses" remained three-fifths of a year.



GRAPH 3.—AVERAGE LENGTH OF TIME IN RESIDENCE OF COMMITTED PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1930.

The average length of stay in years for all discharges is longest in dementia praecox, (1.86 years), excluding traumatic psychoses because of the very few involved). General paralysis, (1.81 years), psychoses with mental deficiency, (1.66 years), and psychoses with other brain or nervous diseases (1.47 years) remain the longest average periods. Patients with psychoses with other somatic diseases, (.56 years); with cerebral arteriosclerosis (.58 years); with epileptic psychoses (.64 years), and psychoneuroses and neuroses (.67 years), remain the shortest average periods.

It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution, excluding all time out on visit, etc.

TABLE 54. — *Average Time in Years Spent in Institutions during this Admission and Condition on Discharge of Committed Patients Discharged from Hospitals for Mental Disease, 1901.*

PSYCHOSES.	AVERAGE TIME IN RESIDENCE IN YEARS.											
	ALL CONDITIONS.			RECOVERED.			IMPROVED.			UNIMPROVED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	4.75	—	4.75	.50	—	.50	6.17	—	6.17	—	—	—
Senile	.99	.68	.80	1.06	.50	.84	1.10	.80	.91	.39	.58	.49
With cerebral arteriosclerosis	.53	.60	.58	.83	.37	.57	.58	.64	.63	.21	.58	.44
General paralysis	2.02	.80	1.81	—	—	—	1.17	.87	1.11	5.66	.20	5.06
With cerebral syphilis	1.94	.40	1.17	—	—	—	1.94	.40	1.17	—	—	—
With Huntington's chorea	.20	—	.20	—	—	—	.20	—	.20	—	—	—
With other brain or nervous diseases	1.12	1.63	1.47	—	—	.12	1.28	1.97	1.83	—	1.50	.75
Alcoholic	.92	1.30	.98	.62	.74	.64	1.05	1.63	1.18	1.56	—	1.56
Due to drugs and other exogenous toxins	.38	1.03	.71	.42	.59	.49	.35	1.30	.94	.25	—	.25
With other somatic diseases	.86	.45	.56	.86	.35	.52	.54	.57	.56	2.50	.45	.79
Manic-depressive	.83	1.26	.98	.69	.85	.82	1.00	1.18	1.12	.40	1.62	1.17
Involution melancholia	1.08	1.38	1.27	1.61	.94	1.32	.91	1.39	1.25	.37	2.06	1.49
Dementia praecox	1.80	1.73	1.86	1.07	1.19	1.12	1.98	2.01	1.99	1.59	1.99	1.77
Paranoia or paranoid conditions	1.18	1.22	1.21	1.06	1.50	1.28	1.28	1.24	1.25	.85	.85	.96
Epileptic psychoses	.70	.53	.64	—	—	—	.80	.53	.67	.54	—	.54
Psychoneuroses and neuroses	.80	.63	.67	1.02	.68	.74	.68	.65	.66	—	.50	.50
With psychopathic personality	.80	2.88	1.40	.60	.12	.52	.90	3.34	1.82	.77	—	.77
With mental deficiency	1.35	1.99	1.66	1.66	5.03	3.22	.81	1.38	1.15	2.18	.04	1.91
Undiagnosed psychoses	.62	.70	.67	.50	.52	.52	.75	.84	.80	.44	.12	.40
Without psychoses	.56	.66	.59	—	—	—	—	—	—	—	—	—
Diagnosis deferred	.60	—	.60	—	—	—	.60	—	.60	—	—	—
All clinical groups	1.24	1.28	1.26	.81	.93	.88	1.38	1.42	1.39	1.53	1.40	1.47
										.56	.66	.59

¹The "Net Time in Institutions" which is used in this table, is ascertained by the subtraction of the "Total Time Out of Institution" from the "Total Time on Books of Institution."

In the "recovered group", patients with the following psychoses remain the longest average time in hospitals: psychoses with mental deficiency, 3.22 years; involution melancholia, 1.32 years; and paranoia or paranoid conditions, 1.28 years. Patients with the following psychoses remain the shortest average time: psychoses with other brain or nervous diseases, .12 years; traumatic psychoses, .50 years; and psychoses with other somatic diseases and undiagnosed psychoses, .52 years each.

In the groups considered as "improved" in mental condition, the following remained the longest average periods, (exclusive of the traumatic psychoses which numbered but very few cases): dementia praecox, 1.99 years; psychoses with other brain or nervous diseases, 1.83 years; and psychoses with psychopathic personality, 1.82 years. The shortest averages, (exclusive of psychoses with Huntington's chorea because of the few cases under consideration), were observed in the psychoses with other somatic diseases, .56 years; with cerebral arteriosclerosis, .63 years; and the psychoneuroses and neuroses, .66 years.

For the group considered as "unimproved" in mental condition the longest average stay was observed in the following: psychoses with general paralysis, 5.06 years; psychoses with mental deficiency, 1.91 years; dementia praecox, 1.77 years; and alcoholic psychoses, 1.56 years. The shortest averages were observed in the following: psychoses due to drugs, .25 years; cerebral arteriosclerosis, .44 years; and senile psychoses, .49 years. In the group "without psychoses", the average is .59 years.

In comparing the sexes, we observe in the total for all mental conditions, a tendency for both males and females to remain about the same length of time in the institution. In the "recovered" group there is a little difference in the average length of hospital stay; males approximately 10 months and females approximately 1 year. In the "improved" group the males and females remain approximately one year and five months. In the "unimproved" group the males remain approximately 18 months and the females 17 months.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL.

We have observed (Table 48) that the average admission age of all first admissions during 1930 was 47.8 years, for readmissions, 44.1 years, and for all temporary admissions, 38.9 years. Table 55 now shows us the average age of committed patients discharged during 1930, 42.4 years for both sexes, 41.6 years for males and 43.1 years for females.

TABLE 55. — *Average Age of Committed Patients Discharged during 1930, by Hospital.*

HOSPITAL.	NUMBER OF DISCHARGES.			AVERAGE AGE AT DISCHARGE.		
	M.	F.	T.	M.	F.	T.
Boston State	56	125	181	43.2	46.0	45.1
Boston Psychopathic	17	23	40	38.6	32.9	35.3
Danvers	111	121	232	43.2	42.8	43.0
Foxborough	31	32	63	44.4	40.0	42.1
Gardner	7	26	33	44.6	41.3	42.0
Grafton	9	6	15	34.7	35.8	35.1
Medfield	38	42	80	39.0	40.9	40.0
Northampton	98	122	220	42.3	45.4	44.1
Taunton	102	80	182	42.5	42.6	42.6
Westborough	72	101	173	43.8	45.2	44.6
Worcester	124	113	237	40.7	41.9	41.3
Monson	5	2	7	23.5	22.5	23.2
McLean	16	47	63	40.6	42.3	41.9
Bridgewater	23	—	23	37.9	—	37.9
Tewksbury	7	6	13	45.3	33.3	39.8
U. S. Veterans' No. 107	17	—	17	35.7	—	35.7
U. S. Veterans' No. 95	29	—	29	38.1	—	38.1
All Hospitals	762	846	1,608	41.6	43.1	42.4

The Boston State Hospital shows the highest average age at discharge, 45.1 years, with Westborough, 44.6 years, Northampton, 44.1 years, and the Danvers State Hospital, 43.0 years, following in order. The lowest average age at discharge is found at Monson State Hospital, 23.2 years and at the Boston Psychopathic Hospital, 35.3 years.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED.

The 1,608 cases discharged during 1930 had a total of 1,312 visits, or an average of 1.25 visits for each patient discharged (Table 56). We note that 18.4 per cent of these patients were discharged directly from the institution without being placed on visit: 60.1 per cent had one visit, 12.9 per cent two visits, 4.3 per cent three visits, and an additional 4 per cent had four or more visits previous to discharge. Considering the individual psychoses, the highest average number of times placed on visit is observed in psychoses with cerebral syphilis with an average of 2.00. This is followed by general paralysis, 1.84 and psychoses with other brain or nervous diseases, 1.56. The lowest average number of times out on visit are observed in epileptic psychoses, 1.00, psychoses with cerebral arteriosclerosis, .93, and cases without psychoses, .92. In comparing these averages for different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of patients. Obviously, patients with psychoses averaging longer periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 56. — *Number of Times Out on Visit of Committed Patients Discharged during 1930, by Psychoses.*

PSYCHOSES.	TOTAL.		NUMBER OF TIMES ON VISIT.							Average Number of Times Out.
	Cases.	Visits.	None.	One.	Two.	Three.	Four-Six.	Seven-Nine.	Ten or More.	
Traumatic	4	3	1	2	1	—	—	—	—	1.33
Senile	42	36	6	30	4	1	1	—	—	1.09
With cerebral arterio-sclerosis	75	60	15	55	2	2	1	—	—	.93
General paralysis	51	46	5	27	6	8	3	2	—	1.84
Cerebral syphilis	10	8	2	5	1	—	1	1	—	2.00
With Huntington's chorea	1	—	1	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	25	22	3	16	3	2	—	—	1	1.56
Alcoholic	153	131	22	110	12	4	3	1	1	1.17
Due to drugs and other exogenous toxins	16	13	3	12	1	—	—	—	—	.87
With pellagra	—	—	—	—	—	—	—	—	—	—
With othersomatic diseases	38	29	9	25	3	—	—	—	1	1.10
Manic-depressive	423	355	68	275	48	19	9	2	2	1.20
Involution melancholia	54	49	5	36	10	2	1	—	—	1.24
Dementia praecox	461	375	86	249	80	20	21	2	3	1.35
Paranoia or paranoid conditions	48	41	7	28	7	5	1	—	—	1.29
Epileptic psychoses	23	20	3	18	1	1	—	—	—	1.00
Psychoneuroses and neuroses	33	29	4	23	5	—	1	—	—	1.15
With psychopathic personality	24	18	6	13	3	1	—	—	1	1.37
With mental deficiency	57	40	17	20	12	2	6	—	—	1.40
Undiagnosed psychoses	30	24	6	17	5	1	1	—	—	1.16
Without psychoses	38	12	26	5	1	1	5	—	—	.92
Diagnosis deferred	2	1	1	1	—	—	—	—	—	.50
All clinical groups	1,608	1,312	296	967	205	69	54	8	9	1.25
Percent	100.0		18.4	60.1	12.9	4.3	3.3	.5	.5	

PERCENTAGE OF TIME SPENT OUT ON VISIT DURING THE PRESENT ADMISSION FOR DISCHARGES DURING 1929 AND 1930.

The effort of each hospital has been directed toward the return of as many cases as possible to the community, and to the shortening of the period of hospital residence. In Table 57 we are making a comparison between cases discharged

during the years 1929 and 1930. We wish to ascertain whether or not patients discharged at the present time are remaining actually within the hospitals a greater proportion of the time than patients who were discharged in the past.

Table 57 gives this information by psychoses and reveals that in 1929 patients had spent 57.08 per cent of their time out of institutions. On the other hand, we note that the cases discharged during 1930 spent 58.06 per cent of their total time out of the institution during this admission. While there are no material differences between the sexes, we observe a slight tendency for the females to spend a larger proportion of time out of the institution.

TABLE 57. — *Percentage of Time Spent Out on Visit during the Present Admission of All Committed Cases Discharged during 1929 and 1930.*

PSYCHOSES.	PERCENTAGE OF TIME SPENT ON VISIT PREVIOUS TO DISCHARGE.					
	1929.			1930.		
	M.	F.	T.	M.	F.	T.
Senile	65.53	63.58	64.28	54.97	85.41	74.45
With cerebral arteriosclerosis	55.35	91.04	68.11	85.00	76.42	80.00
General paralysis	65.40	52.19	62.32	48.58	62.43	51.54
With cerebral syphilis	41.06	75.00	54.29	38.73	75.00	61.67
With other brain or nervous diseases	62.63	75.00	63.87	73.87	49.42	57.56
Alcoholic	59.09	54.21	58.27	68.16	60.53	66.30
Due to drugs and other exogenous toxins	74.03	69.44	71.85	93.39	64.28	75.00
With other somatic diseases	60.46	87.20	83.75	51.28	96.25	84.90
Manic-depressive	58.94	63.26	61.11	73.71	64.28	67.19
Involution melancholia	58.11	59.10	58.71	65.80	56.57	59.72
Dementia praecox	48.59	58.63	52.41	44.52	47.44	45.87
Paranoia or paranoid conditions	82.30	54.54	67.51	61.40	63.27	62.55
Epileptic psychoses	45.25	37.93	44.32	80.00	94.32	85.33
Psychoneuroses and neuroses	95.48	77.09	82.10	67.11	85.35	81.29
With psychopathic personality	46.51	48.31	47.83	70.16	31.67	51.83
With mental deficiency	53.79	38.58	47.14	49.26	41.11	44.89
Without psychoses	47.00	37.05	42.10	46.51	74.28	61.71
All clinical groups	55.23	60.53	57.08	56.66	58.92	58.06

In cases discharged during 1930, the following psychoses reveal the highest proportion of time out of institution: epileptic psychoses 85.3 per cent of time on books; psychoses with other somatic diseases, 84.9 per cent; psychoneuroses, 81.2 per cent; psychoses with cerebral arteriosclerosis, 80.0 per cent; and psychoses due to drugs 75.0 per cent. The lowest percentages for time spent out on visit are observed in psychoses with mental deficiency, 44.8 per cent of time on books; dementia praecox, 45.8 per cent; general paralysis, 51.5 per cent; and psychoses with psychopathic personality, 51.8 per cent.

TABLE 58. — *Average Time on Books during All Admissions of Committed Patients Discharged during 1930, by Economic Condition.*

ECONOMIC CONDITION.	TOTAL NUMBER.			AVERAGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Dependent	53	67	120	1.78	3.26	2.60
Marginal	641	685	1,326	2.88	2.94	2.91
Comfortable	57	92	149	2.03	1.88	1.94
Unknown	11	2	13	.54	4.50	1.15
Total	762	846	1,608	2.73	2.86	2.78

AVERAGE TIME ON BOOKS DURING ALL ADMISSIONS, COMMITTED CASES
DISCHARGED DURING 1930, BY ECONOMIC CONDITION.

Table 58 shows that there is a definite tendency for cases in the "dependent" and "marginal" economic groups to remain in mental hospitals for a long time.

Cases listed as "dependent" spent an average of 2.60 years on the books of mental hospitals during all admissions. The "marginal" group remained 2.91 years; the "comfortable" group remained 1.94 years. Thus, it is evident that the average for the group of "comfortable" economic status is approximately one year less than that of the "dependent" or "marginal" classes. It will be noted that females in the "dependent" group remain over a year longer than males in the same group.

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, COMMITTED PATIENTS
DISCHARGED DURING 1930, BY HOSPITAL.

The average time spent on the books, the average time spent out and the net time spent within the institution during the present admission is shown in Table 59 for the 1,608 committed cases discharged during 1930. Here it will be observed that the average time on the books for all hospitals was approximately two years and two months, two years and six weeks for males, and two years and three months for the females. The longest average time on the books is found at U. S. Veterans' Hospital No. 95 and at Monson State Hospital. The shortest average time on the books was spent at McLean Hospital and the Boston Psychopathic Hospital.

TABLE 59. — *Total Time on Books, Total Time Out and Net Time Within Institutions during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, during 1930, by Hospital and Sex.*

HOSPITALS.	AVERAGE TIME IN YEARS.								
	Time Spent on Books.			Time Spent Out			Net Time Within Institutions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	1.92	2.57	2.37	1.04	.94	.97	.88	1.63	1.40
Boston Psychopathic	1.25	1.38	1.32	.82	.91	.87	.43	.47	.45
Danvers	1.95	2.21	2.08	.95	1.07	1.01	1.00	1.14	1.07
Foxborough	2.38	2.22	2.30	1.08	.98	1.03	1.30	1.24	1.27
Gardner	3.35	1.90	2.21	1.79	.84	1.04	1.56	1.06	1.17
Grafton	1.28	2.82	1.89	.51	.75	.60	.77	2.07	1.29
Medfield	2.28	2.35	2.32	.73	.51	.61	1.55	1.84	1.71
Northampton	1.76	2.51	2.18	.89	1.35	1.13	.87	1.16	1.05
Taunton	2.17	2.17	2.17	.75	.95	.84	1.42	1.22	1.33
Westborough	2.16	2.07	2.11	.93	1.07	1.01	1.23	1.00	1.10
Worcester	2.41	2.25	2.34	.90	.95	.93	1.51	1.30	1.41
Monson	2.10	6.00	3.21	1.00	1.75	1.21	1.10	4.25	2.00
McLean . . . . .	.77	1.39	1.23	.14	.04	.06	.63	1.35	1.17
Bridgewater	1.87	—	1.87	—	—	—	1.87	—	1.87
Tewksbury	2.50	2.84	2.65	1.72	.83	1.31	.78	2.01	1.34
U. S. Veterans' No. 107	2.16	—	2.16	.63	—	.63	1.53	—	1.53
U. S. Veterans' No. 95	3.32	—	3.32	.90	—	.90	2.42	—	2.42
Total	2.11	2.24	2.17	.86	.96	.92	1.24	1.28	1.26

The average time spent out on visit etc., from all institutions was approximately eleven months, a little over ten months for males and about eleven and a half months for females. The longest average time spent out is observed at the Mental Wards (Tewksbury), approximately one year and four months. The shortest average time spent out was at the McLean Hospital, (three weeks); Grafton State Hospital, (seven months); Medfield State Hospital, (seven months); and U. S. Veterans' Hospital No. 107, (seven and a half months).

The actual net time spent within the institutions of patients discharged from all institutions was approximately one year and three months. There is very little difference in the average for both sexes. U. S. Veterans' Hospital No. 95 and the

Monson State Hospital showed the longest average length of residence, approximately two years and five months, and two years, respectively. The shortest average length of residence is observed at the Boston Psychopathic Hospital, Northampton State Hospital, and Danvers State Hospital, five and a half months for the Psychopathic, and a little over one year for Northampton and Danvers.

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, TEMPORARY CARE,
OBSERVATION AND VOLUNTARY CASES DISCHARGED DURING 1930, BY
HOSPITAL.

Table 60 shows the average time on the books, the average time spent out and the net time spent within each state hospital during the present admission of temporary care, observation and voluntary care cases discharged during 1930.

TABLE 60. — *Total Time on Books, Total Time Out, and Net Time Spent Within Institutions during this Admission of Temporary Care, Observation, and Voluntary Cases Discharged from Hospitals for Mental Diseases, during 1930, by Hospital and Sex.*

HOSPITALS.	TEMPORARY CARE, OBSERVATION AND VOLUNTARY DISCHARGES.								
	Time Spent on Books.			Time Spent Out.			Net Time Within Institutions.		
	M	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.09	.07	.08	—	—	—	.09	.07	.08
Boston Psychopathic	.04	.04	.04	—	—	—	.04	.04	.04
Danvers	.08	.07	.07	.0004	—	.0002	.0796	.07	.0698
Foxborough	.22	.06	.16	.0025	—	.0016	.2175	.06	.1548
Gardner	.06	.10	.07	.0016	—	.0012	.0584	.10	.0688
Grafton	—	.12	.12	—	—	—	—	.12	.12
Medfield	.06	.06	.06	—	—	—	.06	.06	.06
Northampton	.52	.05	.30	.0025	—	.0012	.5175	.05	.2988
Taunton	.09	.06	.08	—	—	—	.09	.06	.08
Westborough	.16	.09	.13	—	—	—	.16	.09	.13
Worcester	.32	.09	.26	—	—	.01	.30	.09	.25
Monson.	2.47	2.16	2.32	1.33	1.211	.27	1.14	.95	1.05
McLean	.43	.44	.43	.010	—	.005	.42	.44	.425
Bridgewater	.65	—	.65	—	—	—	.65	—	.65
Tewksbury	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	.09	—	.09	.006	—	.006	.084	—	.084
U. S. Veterans' No. 95	.08	—	.08	—	—	—	.08	—	.08
Total	.15	.13	.14	.036	.039	.037	.114	.091	.103

The average time on the books of patients admitted on these forms is low when compared with the average time on the books of committed patients discharged, (one and three-fourths months as against two years and two months for committed patients). The longest time on the books is spent by patients at the Monson State Hospital, two years and four months, while the shortest average time on the books is found at the Psychopathic Hospital, with two weeks.

The net time actually spent within the institution is longest for the Monson State Hospital, the time averaging one year and two weeks. Next in order, are Bridgewater (eight months); McLean Hospital, (six months); Northampton, (three and a half months); and Worcester, (three months). It may be well to mention that the observation form of admission at Bridgewater usually refers to cases who are under indictment and cover a longer period of time than the regular thirty-five day observation period prevalent at the state hospitals.

The shortest net time spent within institutions is observed at the Psychopathic, (two weeks); Danvers and Medfield, (three weeks each); and Boston State, Taunton, and the two U. S. Veterans' Hospitals, where the average net time is approximately one month.

The average net time within all hospitals is approximately six weeks for these forms of admission. The males show a slightly longer period of residence, approximately seven weeks as compared with a little over four weeks for the females.

Section D. Deaths in Mental Hospitals during the Year 1930.

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1930.

DEATHS BY CERTAIN PSYCHOSES.

Table 61 reveals that there were a total of 1,711 deaths in mental hospitals during 1930; 885 males and 826 females. It also presents the death rates for the more important psychoses. These rates are based upon the number of patients of the same psychosis under treatment during the year. The diagnostic group having the largest death rate is psychoses with arteriosclerosis, 309. deaths per 1,000 cases of the same diagnosis under treatment. The next largest death rate is found for senile psychoses, 256. The next is for psychoses with other somatic diseases, 248., and general paralysis, with 162. The lowest death rate is found to be 27. for dementia praecox.

TABLE 61. — *Deaths during 1930, by Certain Psychoses; Death Rates per 1,000 of Same Psychoses under Treatment.*

PSYCHOSES	TOTAL UNDER TREATMENT. ¹			NUMBER OF DEATHS.			DEATH RATE PER 1,000 OF SAME PSYCHOSES UNDER TREATMENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	313	672	985	75	178	253	239.	266.	256.
With cerebral arteriosclerosis	692	632	1,324	219	190	409	317.	301.	309.
General paralysis	724	174	898	116	29	145	160.	166.	162.
Alcoholic	1,483	277	1,760	60	19	79	40.	68.	45.
Dementia praecox	6,058	6,101	12,159	147	179	326	24.	29.	27.
With other somatic diseases	122	181	303	39	36	75	320.	199.	248.
Manic-depressive	976	1,622	2,598	40	44	84	41.	27.	32.
All other psychoses	3,780	3,685	7,465	189	151	340	50.	40.	45.
Total	14,148	13,344	27,492	885	826	1,711	62.	61.	62.

¹Cases under treatment are obtained by adding resident population on September 30, 1930, and discharges and deaths during the year 1930. Total under treatment includes transfers.

For all clinical groups combined, the death rate is 62. per 1,000 under treatment. The rate is about the same for the males (62.) and for the females (61.). Marked sex differences are observed in certain psychoses. The death rate is higher for males in psychoses with cerebral arteriosclerosis (317.) than it is for females (301.); and also in psychoses with other somatic diseases (males 320., females 199.).

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS; COMMITTED PATIENTS DYING DURING 1930, BY CERTAIN PSYCHOSES.

Table 62 and Graph 4 show the average length of hospital residence during the last admission and during all admissions of patients dying during 1930, by certain psychoses. The average length of stay within institutions during *all* admissions is 6.45 years; for females, 6.31 years, males, 6.59 years. If we consider only the most recent admission, during which the patient died, we observe that the average length of hospital stay is 5.42 years; 5.42 for males, and 5.42 for females. While the psychoses presenting the smaller numbers of cases have been omitted in the above table, the total averages given include all clinical groups.

When we consider the average length of hospital stay during all admissions, the same general characteristics are observed. In this group the average hospital residence for dementia praecox was 15.32; for paranoia or paranoid conditions, 14.54; for epileptic psychoses 13.36; and for psychoses with mental deficiency, 13.08 years. The clinical groups having the shortest average period of hospital residence during all admissions are as follows: psychoses with other somatic diseases .77 years; with cerebral arteriosclerosis 1.38 years; general paralysis, 1.78 years; and senile psychoses 2.38 years.

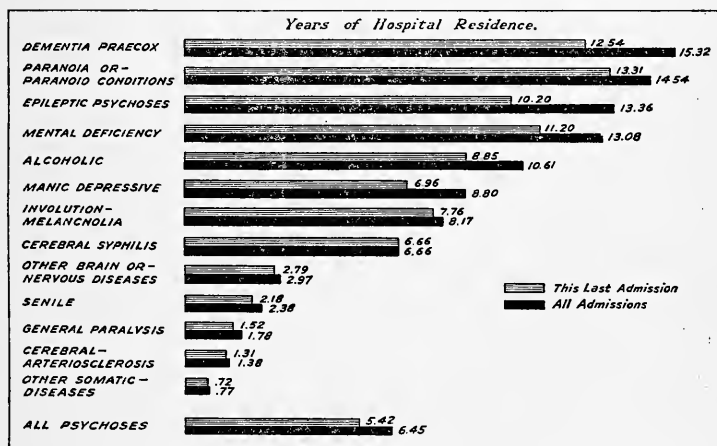
TABLE 62. — *Average Net Duration of Hospital Residence during this Admission and during All Admissions, of Committed Patients Dying during 1930, by Certain Psychoses.*

PSYCHOSES. ¹	AVERAGE LENGTH OF STAY IN YEARS. ²					
	ALL ADMISSIONS. ³			THIS ADMISSION.		
	M.	F.	T.	M.	F.	T.
Senile	2.45	2.36	2.38	2.29	2.14	2.18
With cerebral arteriosclerosis	1.20	1.58	1.38	1.19	1.46	1.31
General paralysis	1.96	1.06	1.78	1.66	.96	1.52
With cerebral syphilis	7.14	.83	6.66	7.14	.83	6.66
With other brain or nervous diseases	1.78	4.63	2.97	1.52	4.57	2.79
Alcoholic	10.27	11.60	10.61	9.10	8.13	8.85
With other somatic diseases	.74	.80	.77	.69	.76	.72
Manic-depressive	9.17	8.49	8.80	6.42	7.43	6.96
Involution melancholia	9.69	7.62	8.17	9.22	7.21	7.76
Dementia praecox	15.62	15.08	15.32	13.18	11.87	12.54
Paranoia or paranoid conditions	15.11	14.30	14.54	14.64	12.60	13.31
Epileptic psychoses	15.35	9.92	13.36	11.19	8.51	10.20
With mental deficiency	11.81	15.13	13.08	10.79	11.88	11.20
Undiagnosed psychoses	3.33	1.40	2.42	3.33	.21	1.85
Without psychoses	12.78	11.33	12.05	10.33	8.36	9.35
All clinical groups	6.31	6.59	6.45	5.42	5.42	5.42

¹Psychoses in which the number of cases involved was less than ten are omitted.

²Exclusive of all time out on visit, etc., during this admission and all admissions.

³Includes all previous admissions as well as the last admission during which the patient died.



GRAPH 4. — AVERAGE LENGTH OF HOSPITAL STAY IN YEARS OF PATIENTS DYING — 1930.

In considering the last admission, during which the patient died, we see that paranoia or paranoid conditions (13.31 years), dementia praecox, (12.54 years); psychoses with mental deficiency (11.20 years), and epileptic psychoses (10.20 years), have the longest average periods of hospital residence. The clinical groups having the shortest average period of hospital residence are: psychoses with other somatic diseases, .72 years; cerebral arteriosclerosis, 1.31 years; general paralysis, 1.52 years; and the senile psychoses, 2.18 years.

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS OF COMMITTED PATIENTS DYING DURING 1930, BY NUMBER OF TIMES ADMITTED.

Table 63 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all

previous admissions. The length of hospital residence of this last admission during which the patient died is the shortest in the case of the patient who had had nine admissions in all., .83 years.

TABLE 63. — *Average Net Duration of Hospital Residence during this Admission and All Admissions of Committed Patients Dying during 1930, by Number of Times Admitted.*¹

NUMBER OF TIMES ADMITTED.				AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS.					
	NUMBER.			THIS ADMISSION.			ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	464	474	938	3.34	3.18	3.26	3.34	3.18	3.26
Two	217	174	391	7.68	9.29	8.40	9.50	11.05	10.19
Three	58	59	117	11.19	8.04	9.61	13.34	12.38	12.87
Four	28	34	62	8.92	9.93	9.47	12.82	15.33	14.20
Five	4	14	18	6.62	9.01	8.47	13.70	17.16	16.39
Six	3	4	7	8.27	7.45	7.80	14.60	16.92	15.93
Seven	1	3	4	17.00	13.34	14.25	17.00	13.70	14.58
Eight	1	1	2	21.00	.04	10.57	30.50	5.00	17.75
Nine	1	—	1	.83	—	.83	7.50	—	7.50
Ten or more	1	—	1	7.50	—	7.50	15.00	—	15.00
	778	763	1,541	5.42	5.42	5.42	6.31	6.59	6.45

¹The "net time" in institutions which is used in this table is ascertained by subtraction of the "total time out" of institutions from the "total time on the books" of institutions.

The average length of hospital stay of patients admitted but once was 3.26 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 8.4 years. Where the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 9.61 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 9.47 years. As we note the length of stay for the last admission in the case of 5 and 6 admissions, we observe a decrease in the length of the last hospital stay during which death occurred. Patients having seven or eight admissions showed a considerable increase in the net duration of hospital residence during the last admission, 14.25 years and 10.57 years respectively. Thus, in summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence occurs among the cases admitted to the hospital nine times, or excluding this number, as it contained only one case, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest hospital stay for the last admission is noted in the cases dying during the seventh of seven admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 10.19 years. For cases admitted three times, the average length of hospital residence was 12.87 years; for patients admitted four times, the average length of stay was 14.20 years.

As in 1929, the highest average stay is observed in cases admitted eight times with an average hospital residence of 17.75 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate for the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1930.

Table 64 gives the average length of hospital stay during all admissions in accordance with the number of times admitted. We note that the average length of stay during each admission for patients with two admissions is 5.08 years. For

patients having three admissions, the average length of stay is 4.29 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 3.55 years. In the case of five admissions, the patient remained an average of 3.28 years for each of the five admissions. In the case of patients admitted nine times, we see that the average length of hospital residence for each admission was .83 years. We note here a distinct tendency for the average length of hospital residence to decrease as the number of times admitted increases.

TABLE 64. — *Average Net Duration of Hospital Stay during Each Admission, All Readmissions Dying during 1930.*

NUMBER OF TIMES ADMITTED.	AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS — ALL ADMISSIONS.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS FOR EACH TIME ADMITTED.
Two	10.19	5.08
Three	12.87	4.29
Four	14.20	3.55
Five	16.39	3.28
Six	15.93	2.65
Seven	14.25	2.03
Eight	17.75	2.22
Nine	7.50	.83
Ten or more	15.00	1.50

AVERAGE TIME SPENT WITHIN INSTITUTIONS OF COMMITTED PATIENTS WHO DIED DURING 1930, BY HOSPITAL.

Table 65 shows the average time on the books, the average time spent out and the net time spent within the institution during the present admission of committed patients who died during 1930.

The longest average time spent on the books is observed at the Bridgewater, Grafton, Medfield, Monson, and Gardner State Hospitals, respectively. The shortest average time is spent at the Boston Psychopathic, U. S. Veterans' Hospital No. 95, Danvers and Westborough State Hospitals. The average time on the books for all hospitals is five and a half years, the females averaging about one month longer than the males.

TABLE 65. — *Total Time on Books, Total Time Out, and Net Time Spent Within Institutions during this Admission of Committed Patients who Died during 1930, by Hospital and Sex.*

HOSPITALS.	COMMITTED PATIENTS DYING DURING 1930.								
	AVERAGE TIME ON BOOKS.			AVERAGE TIME OUT ON VISIT, ETC.			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	4.10	4.52	4.31	.009	.09	.05	4.10	4.43	4.26
Boston Psychopathic . . . . .	.04	.17	.11	—	—	—	.04	.17	.11
Danvers	2.83	3.76	3.34	.04	.05	.04	2.79	3.71	3.30
Foxborough	4.50	3.76	4.12	—	.002	.001	4.50	3.76	4.12
Gardner	8.90	12.71	10.14	.98	3.10	1.67	7.92	9.61	8.47
Grafton	16.87	10.55	12.91	.02	.41	.27	16.85	10.14	12.64
Medfield	9.88	14.42	12.07	.02	.31	.16	9.86	14.11	11.91
Northampton	3.43	4.59	3.97	.01	.09	.05	3.42	4.50	3.92
Taunton	3.86	4.72	4.33	.12	.06	.09	3.74	4.66	4.24
Westborough	3.28	4.20	3.80	.09	.16	.13	3.19	4.04	3.67
Worcester	5.45	4.46	4.98	.05	.08	.06	5.40	4.38	4.92
Monson	13.18	10.00	11.45	.22	.06	.14	12.96	9.94	11.31
McLean	9.00	9.50	9.33	—	—	—	9.00	9.50	9.33
Bridgewater	14.89	—	14.89	—	—	—	14.89	—	14.89
Tewksbury	3.75	7.89	6.12	.02	.02	.02	3.73	7.87	6.10
U. S. Veterans' No. 107	3.90	—	3.90	.10	—	.10	3.80	—	3.80
U. S. Veterans' No. 95	3.02	—	3.02	.10	—	.10	2.92	—	2.92
Total	5.50	5.58	5.54	.08	.16	.12	5.42	5.42	5.42

The longest average time spent out on visit, etc., of committed patients who died in 1930 is observed at the Gardner State Hospital, approximately one year and eight months. This is followed by the Grafton State Hospital with an average of three and a half months spent out. In considering all hospitals, the average time out is approximately one and one-half months. It will be observed that the females spent twice as much time out as the males, two months as against one month for males.

The longest average net time actually spent within the institution is observed at Bridgewater, with fourteen years and ten months. Patients at Grafton had an average residence of approximately twelve years and eight months; patients at Medfield, approximately twelve years; and patients at Monson, eleven years and four months.

The shortest average length of residence of committed patients who died during 1930 is observed at the Psychopathic Hospital, one month. This is followed by U. S. Veterans' Hospital No. 95, approximately three years; Danvers, three years, four months; Westborough, three years, eight months; and U. S. Veterans' Hospital No. 107, three years, nine and a half months.

The average net time, spent within the institution for all hospitals is approximately five and a half years, this average remaining the same for both sexes.

AVERAGE AGE AT DEATH OF COMMITTED PATIENTS DYING DURING 1930.

The highest average ages at death are observed in senile psychoses, 76.5 years; psychoses with cerebral arteriosclerosis, 71.4 years; paranoia or paranoid conditions, 64.2 years; and involution melancholia, 60.7 years (Table 63). The lowest average ages at death are noted as occurring in cases without psychoses, 36.2 years; epileptic psychoses, 49.1 years; other brain or nervous diseases, 50.1 years; and psychopathic personality, 50.8 years. The average age for all deaths combined was 62.4 years, the males showing an average age of 60.7 years, and females 64.2 years.

TABLE 66. — *Average Age at Death of Committed Patients Dying during 1930, by Psychoses.*

PSYCHOSES.	NUMBER.			AVERAGE AGE IN YEARS AT DEATH.		
	M.	F.	T.	M.	F.	T.
Traumatic	4	—	4	58.7	—	58.7
Senile	74	174	248	75.4	77.0	76.5
With cerebral arteriosclerosis	206	177	383	71.6	71.2	71.4
General paralysis	110	28	138	51.5	51.9	51.5
With cerebral syphilis	12	1	13	56.5	27.5	54.4
With Huntington's chorea	1	3	4	37.5	50.8	47.5
With brain tumor	—	4	4	—	53.7	53.7
With other brain or nervous diseases	21	15	36	48.4	52.5	50.1
Alcoholic	51	18	69	59.7	61.3	60.1
Due to drugs and other exogenous toxins	1	1	2	47.5	72.5	60.0
With pellagra	1	1	2	47.5	67.5	57.5
With other somatic diseases	31	25	56	58.4	55.1	56.9
Manic-depressive	37	43	80	58.9	58.7	58.8
Involution melancholia	11	30	41	64.7	59.3	60.7
Dementia praecox	141	177	318	52.1	56.6	54.7
Paranoia or paranoid conditions	7	13	20	59.6	66.7	64.2
Epileptic psychoses	19	11	30	51.4	45.2	49.1
Psychoneuroses and neuroses	—	4	4	—	57.5	57.5
With psychopathic personality	2	1	3	67.5	17.5	50.8
With mental deficiency	29	18	47	54.2	50.0	52.6
Undiagnosed psychoses	10	9	19	54.0	62.5	58.0
Without psychoses	10	10	20	45.4	27.1	36.2
All clinical groups	778	763	1,541	60.7	64.2	62.4

If we consider only the psychoses which are of importance numerically, we see that the most significant differences between the sexes are observed in paranoia or paranoid conditions where we note that the females have an average age at death of nearly 7 years higher than that of the males (males 59.6 years, females 66.7

years). In the epileptic psychoses there is a difference of six years in the average age at death (males 51.4 years, females 45.2 years). In dementia praecox we observe that the males tend to have a slightly lower average age at death (males 52.1 years — females 56.6 years).

AVERAGE AGE AT DEATH, BY HOSPITAL.

Table 67 shows the average age at death by the individual hospitals under the supervision of Department of Mental Diseases. The highest age at death is observed at the McLean Hospital, 71.7 years, although the number of deaths at this hospital are comparatively few. The next highest age at death is at Westborough State Hospital, 65.6 years, followed by Foxborough, 64.5 years and Northampton, 64.4 years.

TABLE 67. — *Average Age at Death of Committed Patients Dying during the Year Ended September 30, 1930, by Hospital.*

HOSPITALS.	NUMBER OF DEATHS.			AVERAGE AGE AT DEATH.		
	M.	F.	T.	M.	F.	T.
Boston State	106	111	217	63.3	64.6	63.9
Boston Psychopathic	6	7	13	42.5	54.6	49.0
Danvers	111	133	244	60.9	62.7	62.0
Foxborough	34	35	69	60.5	68.3	64.5
Gardner	31	15	46	61.6	66.8	63.3
Grafton	22	37	59	58.1	55.6	56.5
Medfield	46	43	89	59.6	58.6	59.1
Northampton	98	85	183	63.2	65.9	64.4
Taunton	70	85	155	62.9	64.2	63.6
Westborough	52	67	119	64.7	66.4	65.6
Worcester	106	96	202	61.0	62.3	61.6
Monson	11	13	24	37.4	35.6	36.4
McLean	4	8	12	78.7	68.1	71.7
Bridgewater	40	—	40	56.1	—	56.1
Tewksbury	21	28	49	62.0	65.5	64.0
U. S. Veterans' No. 107	5	—	5	41.5	—	41.5
U. S. Veterans' No. 95	15	—	15	39.4	—	39.4
All Hospitals	778	763	1,541	60.7	64.2	62.4

The lowest average age at death is observed at the Monson State Hospital, 36.4 years, followed by U. S. Veterans' Hospital No. 95 with 39.4 years. It will be observed that the average age at death for females is 3.5 years higher than that of the males (60.7 years for males and 64.2 years for females).

Section E. Resident Population of Mental Hospitals on September 30, 1930.

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1930. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1930. On that date there were 21,094 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, U. S. Veterans' Hospitals, No. 95 and No. 107, and McLean Hospital. Ten thousand six hundred and ninety-four of these were males, and 10,400 were females.

In all of these discussions concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

**AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS
IN RESIDENCE SEPTEMBER 30, 1930.**

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 10.90 years, (Table 68 and Graph 5). Next in order are: psychoses with mental deficiency, 9.79 years; alcoholic, 9.69 years; and epileptic psychoses, 9.61 years. Probably it is no coincidence that these same psychoses presented exactly the same order in length of residence for the year 1929. The shortest average periods of residence are observed in psychoses with Huntington's chorea, 2.85 years; psychoses with brain tumor, 2.70 years; and undiagnosed psychoses, .98 years. The average length of stay for all psychoses is slightly less than 9 years (8.98 years). It will be noted that the females have a slightly longer average residence than the males, insofar as they have remained 9.01 years as compared with 8.94 years for the males, a difference of approximately two weeks.

TABLE 68. — Average Length of Hospital Stay during the Present Admission; First Admissions and Readmissions in Residence on September 30, 1930, by Psychoses.¹

PSYCHOSES.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS.								
	TOTAL CASES IN RESIDENCE.			FIRST ADMISSION CASES.			READMISSION CASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6.38	6.10	6.35	6.80	4.50	6.34	6.08	12.50	6.35
Senile	3.61	3.88	3.80	2.94	3.55	3.34	7.69	5.18	5.83
With cerebral arteriosclerosis	2.87	3.29	3.08	2.76	2.95	2.85	3.25	4.33	3.78
General paralysis	3.34	4.73	3.63	3.19	4.85	3.60	3.48	4.56	3.67
With cerebral syphilis	4.84	6.87	5.59	4.87	7.48	6.08	4.81	6.13	5.21
With Huntington's chorea	2.25	3.57	2.85	2.41	1.90	2.21	1.83	5.67	4.02
With brain tumor . . . . .	.52	4.16	2.70	.20	4.50	3.06	.81	1.50	1.15
With other brain or nervous diseases	4.16	4.80	4.42	4.83	4.30	4.59	3.66	5.38	4.26
Alcoholic	9.63	10.01	9.69	9.60	8.99	9.52	9.65	10.56	9.84
Due to drugs and other exogenous toxins	7.53	5.12	5.86	.12	3.23	2.54	10.50	6.60	7.99
With pellagra	4.00	6.50	5.50	4.02	7.50	5.76	—	4.50	4.50
With other somatic diseases	3.94	3.89	3.91	2.44	3.14	2.88	5.83	5.06	5.39
Manic-depressive	6.09	6.92	6.62	6.49	6.87	6.74	5.94	6.95	6.57
Involution melancholia	4.49	6.40	5.89	4.61	6.35	5.84	4.30	6.46	5.95
Dementia praecox	10.98	10.82	10.90	11.89	10.11	11.04	10.53	11.11	10.83
Paranoia or paranoid conditions	7.03	7.91	7.62	6.43	9.02	8.12	7.39	7.28	7.32
Epileptic psychoses	8.60	10.64	9.61	7.17	10.73	9.01	9.42	10.58	9.98
Psychoneuroses and neuroses	3.31	3.80	3.65	2.34	3.74	3.24	4.00	3.82	3.87
With psychopathic personality	7.11	5.98	6.58	7.43	8.31	7.69	6.88	4.70	5.83
With mental deficiency	10.08	9.45	9.79	10.27	8.66	9.57	9.96	9.85	9.91
Undiagnosed psychoses . . . . .	.93	1.05	.98	.72	.75	.74	1.05	1.27	1.13
Without psychoses	7.15	7.31	7.22	6.84	7.40	7.11	7.53	7.17	7.38
All clinical groups	8.94	9.01	8.98	8.64	7.85	8.26	8.99	9.62	9.31

¹This table considers only the length of time spent in hospitals during the *present* admission.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.26 years. There is a noticeable sex difference here, however, in that the males have remained longer than the females, or 8.64 years for males and 7.85 years for females. Patients with dementia praecox have the longest hospital stay 11.04 years, followed by psychoses with mental deficiency, 9.57 years, and alcoholic psychoses, 9.52 years. The shortest average periods of hospital residence are observed in psychoses due to drugs, 2.54 years; psychoses with Huntington's chorea, 2.21 years, and undiagnosed psychoses, .74 years.



GRAPH 5.—AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1930, BY PSYCHOSES.

In considering the average length of stay for readmissions in residence, we should recall that this does not include time spent in institutions during previous admissions. In considering the total time spent in hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 9.31 years; or 1.05 years longer than the average stay of first admissions in residence. The females have a slight tendency to remain longer than the males, an average of 9.62 years as compared with 8.99 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remained a longer time.

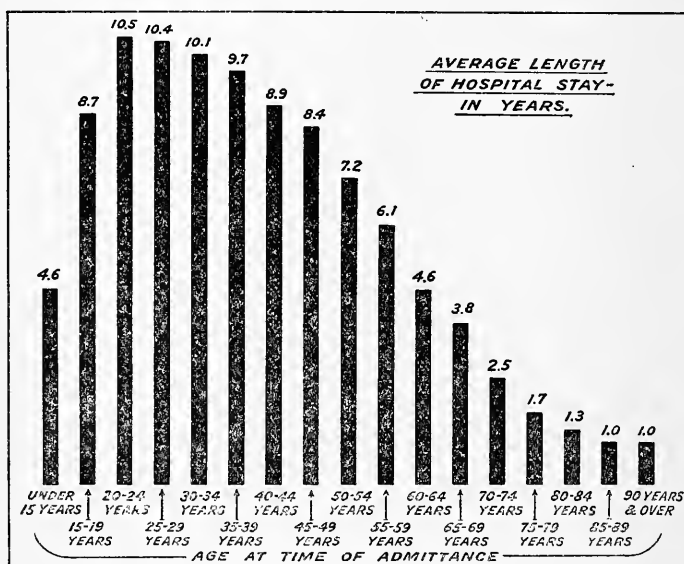
AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE
ON SEPTEMBER 30, 1930, BY AGE AT ADMISSION.

Table 69 and Graph 6 give the average length of stay of all first and readmissions in the resident population by age at admission. First admissions in the resident group who were admitted under the age of 15 years have remained in the institution an average of 4.2 years, while readmissions in the resident group remained an average of 5.7 years. First admissions and readmissions admitted in the age group 15–19 years, have remained an average of 8.9 years and 8.6 years, respectively. Those admitted between 20–24 years, remained an average of 11.3 and 10.0 years, respectively. It will be observed that patients admitted in this age group have the longest average length of hospital stay, 10.5 years.

With the exception of the age groups between 15–34 years, it will be observed that the average length of residence for each age group is greater for readmissions in residence than for first admissions. This difference averages approximately one year for each of the groups, with the exception of the age at admission group 70–74 years where the average length of stay of readmission is three years longer than that of first admissions.

TABLE 69. — *Average Length of Hospital Stay of First Admissions and Readmissions in Residence on September 30, 1930, by Age at Admission.*

AGE AT ADMISSION.	AVERAGE LENGTH OF HOSPITAL STAY.		
	ALL ADMISSIONS.	FIRST ADMISSIONS.	READMISSIONS.
Under 15 years	4.6	4.2	5.7
15-19 years	8.7	8.9	8.6
20-24 years	10.5	11.3	10.0
25-29 years	10.4	10.5	10.3
30-34 years	10.1	10.4	10.0
35-39 years	9.7	9.1	10.1
40-44 years	8.9	8.5	9.0
45-49 years	8.4	7.8	8.8
50-54 years	7.2	6.5	7.5
55-59 years	6.1	5.3	6.6
60-64 years	4.6	4.1	5.9
65-69 years	3.8	3.2	4.6
70-74 years	2.5	1.8	4.4
75-79 years	1.7	1.6	2.4
80-84 years	1.3	1.2	2.0
85-89 years	1.0	1.1	1.0
90 years and over	1.0	1.0	—



GRAPH 6. — AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1930, BY AGE AT ADMISSION.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS, ALL READMITTED CASES IN RESIDENCE.

Table 70 reveals the average time that the readmitted cases in residence spent on the books, the average time spent out on visit, and the average net time within institutions during all previous admissions. In noting the total for the time on the books of all psychoses combined, we see that the males remained 3.46 years, the females 4.07 years, and both sexes together a total of 3.77 years. The males remained out of institutions an average of .37 years, the females, .48 years, and both sexes, .42 years. This gives a net time within the institutions of 3.09 years for males, 3.59 years for females, and 3.35 years for both sexes. During previous admissions, these readmitted cases spent approximately 90 per cent of their total time on the books, actually within the institutions. It is interesting to observe

that the above averages on length of time very closely approximate the same data for 1929. In the latter year, the average net time within residence for both sexes was 3.34 as compared with 3.35 for 1930.

TABLE 70. — *Average Time on Books, Average Time Out, and Average Time Within Institutions during All Previous Admissions, All Readmitted Cases in Residence on September 30, 1930, by Psychoses.*

PSYCHOSES.	AVERAGE TIME IN YEARS.								
	ON BOOKS OF INSTITUTION.			SPENT OUT OF INSTITUTION.			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic . . . . .	.96	1.50	.99	.37	.50	.38	.59	1.00	.61
Senile	1.11	2.56	2.19	.10	.16	.15	1.01	2.40	2.04
With cerebral arteriosclerosis	1.27	1.80	1.53	.42	.47	.45	.85	1.33	1.08
General paralysis	1.02	1.40	1.09	.16	.29	.18	.86	1.11	.91
With cerebral syphilis	2.05	3.98	2.63	.36	.30	.34	1.69	3.68	2.29
With Huntington's chorea	3.27	.35	1.60	.56	—	.24	1.71	.35	1.36
With brain tumor	2.50	.04	1.27	1.50	—	.75	1.00	.04	.52
With other brain or nervous diseases	1.69	1.04	1.46	.19	.21	.20	1.50	.83	1.26
Alcoholic	3.17	3.67	3.27	.32	.53	.35	2.85	3.14	1.92
Due to drugs and other exogenous toxins	3.67	3.09	3.30	.43	.28	.33	3.24	2.81	2.97
With pellagra	—	7.50	7.50	—	—	—	—	7.50	7.50
With other somatic diseases	3.53	.78	1.95	.17	.21	.19	3.36	.57	1.76
Manic-depressive	3.04	3.49	3.32	1.08	.74	.87	1.96	2.75	2.45
Involution melancholia	1.30	1.69	1.60	.34	.40	.39	.96	1.29	1.21
Dementia praecox	3.66	4.47	4.08	.30	.42	.36	3.36	4.05	3.72
Paranoia or paranoid conditions	2.41	1.99	2.13	.24	.35	.32	2.17	1.64	1.81
Epileptic psychoses	3.60	4.16	3.87	.48	.42	.45	3.12	3.74	3.42
Psychoneuroses and neuroses	1.45	2.11	1.93	.47	.41	.42	.98	1.70	1.51
With psychopathic personality	2.78	2.85	2.81	.48	.53	.50	2.30	2.32	2.31
With mental deficiency	5.19	5.66	5.42	.44	.52	.48	4.75	5.14	4.94
Undiagnosed psychoses	1.47	2.18	1.73	.53	.39	.48	.94	1.79	1.25
Without psychoses	4.91	5.02	4.96	.80	.55	.69	4.11	4.47	4.27
All clinical groups	3.46	4.07	3.77	.37	.48	.42	3.09	3.59	3.35

Considering the numerically important psychoses, the longest average time on the books of institutions occurs in patients having psychoses with mental deficiency, 5.42 years; dementia praecox, 4.08 years; epileptic psychoses, 3.87 years; and manic-depressive, 3.32 years.

Considering the time that these patients spent actually within the institution, and again disregarding the numerically unimportant psychoses, we observe that the longest net hospital residence occurred in psychoses with mental deficiency, 4.94 years. The next in order were dementia praecox 3.72 years, epileptic psychoses, 3.42 years and alcoholic psychoses, 2.97 years. Recalling that this average of 3.35 years is a total for all *previous* admissions, we might say that the average appears to be lower than would be expected, particularly if we consider the time which these readmitted and in residence cases have spent in the institution during their *present* admission, (9.31 years, see Table 68). This table gives a good picture of the type of case which is readmitted and tends to remain in residence within our institutions. It also gives some indication of the length of stay during early hospital residences for the various psychoses.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS AND PRESENT ADMISSION: ALL READMITTED CASES IN RESIDENCE.

In Table 71 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 12.66 years. An average of 9.31 years or 73.7 per cent of the total hospital residence has been spent in hospitals during the present admission and 3.35 years or 26.3 per cent of the total hospital residence was spent in hospitals during previous admissions. This finding suggests that the early admissions of cases tending to be readmitted are of com-

paratively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

TABLE 71. — *Average Length of Hospital Stay during Previous Admissions and Present Admissions; All Readmitted Cases in Residence, 1930, by Psychoses.*

PSYCHOSES.	AVERAGE TIME IN YEARS.								
	TIME IN INSTITUTION DURING PREVIOUS ADMISSIONS.			TIME IN INSTITUTION. DURING PRESENT ADMISSION.			TIME IN INSTITUTION DURING ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic . . . . .	.59	1.00	.61	6.08	12.50	6.35	6.67	13.50	6.96
Senile	1.01	2.40	2.04	7.69	5.18	5.83	8.70	7.58	7.87
With cerebral arteriosclerosis . . . . .	.85	1.33	1.08	3.25	4.33	3.78	4.10	5.66	4.86
General paralysis . . . . .	.86	1.11	.91	3.48	4.56	3.67	4.34	5.67	4.58
With cerebral syphilis	1.69	3.68	2.29	4.81	6.13	5.21	6.50	9.81	7.50
With Huntington's chorea	1.71	.35	1.36	1.83	5.67	4.02	3.54	6.02	5.38
With brain tumor	1.00	.04	.52	.81	1.50	1.15	1.81	1.54	1.67
With other brain or nervous di- seases	1.50	.83	1.26	3.66	5.38	4.26	5.16	6.21	5.52
Alcoholic	2.85	3.14	1.92	9.64	10.56	9.84	12.50	13.70	11.76
Due to drugs and other exogenous toxins	3.24	2.81	2.97	10.50	6.60	7.99	13.74	9.41	10.96
With pellagra	—	7.50	7.50	—	4.50	4.50	—	12.00	12.00
With other somatic diseases	3.36	.57	1.76	5.83	5.06	5.39	9.19	5.63	7.15
Manic-depressive	1.96	2.75	2.45	5.94	6.95	6.57	7.90	9.70	9.02
Involution melancholia . . . . .	.96	1.29	1.21	4.30	6.46	5.95	5.26	7.75	7.16
Dementia praecox	3.36	4.05	3.72	10.36	10.99	10.69	13.72	15.04	14.41
Paranoia or paranoid conditions	2.17	1.64	1.81	7.39	7.28	7.32	9.56	8.92	9.13
Epileptic psychoses	3.12	3.74	3.42	9.42	10.58	9.98	12.54	14.32	13.40
Psychoneuroses and neuroses . . . . .	.98	1.70	1.51	4.00	3.82	3.87	4.98	5.52	5.38
With psychopathic personality	2.30	2.32	2.31	6.88	4.70	5.83	9.18	7.02	8.14
With mental deficiency	4.75	5.14	4.94	9.96	9.85	9.91	14.71	14.99	14.85
Undiagnosed psychoses . . . . .	.94	1.79	1.25	1.05	1.27	1.13	1.99	3.06	2.38
Without psychoses	4.11	4.47	4.27	7.53	7.17	7.38	11.64	11.64	11.65
All clinical groups	3.09	3.59	3.35	8.99	9.62	9.31	12.08	13.21	12.66

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: dementia praecox, 10.69 years; epileptic psychoses, 9.98 years; psychoses with mental deficiency, 9.91 years; alcoholic psychoses, 9.84 years; and psychoses due to drugs, 7.99 years. The psychoses with cerebral arteriosclerosis, 3.78 years; general paralysis, 3.67 years; psychoses with brain tumor, 1.15 years; and undiagnosed psychoses, 1.13 years, remained the shortest time during the present admission. A very slight sex difference is observed in that the females have been in residence two-thirds of a year longer, on the average, than the males; that is, 9.62 years as compared with 8.99 years.

In considering these readmissions in the light of the total time within institutions during all admissions, we observe that the longest period of hospital residence during all admissions occurs in psychoses with mental deficiency, 14.85 years. The other psychoses in order of frequency are: dementia praecox, 14.41 years; epileptic psychoses, 13.40 years; psychoses with pellagra, 12.00 years; and alcoholic psychoses, 11.76 years. The psychoses showing the shortest total average length of stay are: psychoses with cerebral arteriosclerosis, 4.86 years; general paralysis, 4.58 years; undiagnosed psychoses, 2.38 years; and psychoses with brain tumor, 1.67 years. In this group, we observe a tendency for the female readmissions to average 1.13 years longer in institutions than males, or 13.21 years as compared with 12.08 years.

PSYCHOSES OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE,
SEPTEMBER 30, 1930.

Table 72 and Graph 7 give the number and percentage distributions of the psychoses in all first admissions and readmissions in residence in mental hospitals on September 30, 1930. This table shows quite definitely the psychoses which are tending to remain within the institutions among the first admissions. Among the readmissions it also reveals what readmitted psychoses tend to remain in institutions.



GRAPH 7. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON
SEPTEMBER 30, 1930, BY PSYCHOSES; PERCENTAGE DISTRIBUTION.

In the *first admissions* in residence, the psychoses occurring with the greatest frequency are: dementia praecox, 41.3 per cent; alcoholic psychoses, 7.3 per cent; psychoses with cerebral arteriosclerosis, 7.1 per cent; senile psychoses, 6.7 per cent; and psychoses with mental deficiency, 6.2 per cent. The psychoses presenting the lowest proportions in the first admissions in residence are found in psychoses with Huntington's chorea, psychoses with brain tumor, psychoses due to drugs, and traumatic psychoses.

In studying the *readmissions* in residence, we note some changes in this order of frequency. While dementia praecox still heads the list with 57.8 per cent, alcoholic psychoses no longer come second, as they have been replaced by manic-depressive psychoses with 9.1 per cent. The other psychoses in order of frequency are: psychoses with mental deficiency, 7.0 per cent; epileptic psychoses, 5.3 per cent; and alcoholic psychoses, 5.2 per cent. We note that the proportion of cases with dementia praecox is 16.5 per cent higher among the resident readmissions than in the resident first admissions. Other psychoses showing a proportional increase

among the readmissions are: manic-depressive psychoses (3.1 per cent excess) and psychoses with mental deficiency (.8 per cent excess). The majority of the psychoses show a relative deficiency in the readmissions which is balanced by the tremendous excess observed in the case of dementia praecox.

FIRST ADMISSIONS AND READMISSIONS DURING 1930, COMPARED WITH FIRST ADMISSIONS AND READMISSIONS IN THE RESIDENT POPULATION.

Table 73 gives the percentage distribution of the psychoses in first admissions and readmissions during the year 1930, and compares this with the percentage distribution of the psychoses in first admissions and readmissions of the resident population on September 30, 1930. In this table we may take the first admissions and the readmissions for 1930 as a sample of the distribution of the various psychoses admitted to our institutions during any one year. There are slight deviations from year to year in this but the percentage differences are not large. That is, the psychoses presented in these first admissions and readmissions are more or less typical of the group of patients coming into our institutions year after year. As we compare the percentage distribution of psychoses in the resident population, we may then determine the particular psychoses which have a tendency to be retained within the institutions and, inversely, those which show a tendency to leave the institutions either by death or discharge.

TABLE 73. — *First Admissions and Readmissions, 1930; and First Admissions and Readmissions in the Resident Population September 30, 1930, by Certain Psychoses; Percentage Distribution.*

PSYCHOSES.	FIRST ADMISSIONS ¹ 1930.	READMISSIONS ¹ 1930.	RESIDENT POPULATION. SEPTEMBER 30, 1930.	
			FIRST ADMISSIONS.	READMISSIONS.
Senile	8.7	2.2	6.7	.9
With cerebral arteriosclerosis	15.9	3.1	7.1	1.4
General paralysis	7.3	2.7	3.4	2.3
Alcoholic	6.4	5.6	7.3	5.2
With other somatic diseases	3.6	1.5	.9	.4
Manic-depressive	11.1	27.8	6.0	9.1
Involution melancholia	3.0	2.6	2.6	1.3
Dementia praecox	20.7	36.1	41.3	57.8
Paranoia or paranoid conditions	2.7	2.3	2.4	2.5
Epileptic psychoses	1.1	1.4	5.2	5.3
Mental deficiency	4.7	3.5	6.2	7.0
Without psychoses	2.3	1.0	6.1	2.9
All other psychoses	12.5	10.2	4.8	3.9
Total	100.0	100.0	100.0	100.0

¹Includes first admissions and readmissions by regular court commitment.

As we have divided the resident population into first admissions and readmissions, and calculated the percentage distribution of psychoses for each of these groups, it now becomes possible to compare the first admissions during 1930 with the first admissions in the resident population on September 30, 1930. In interpreting these results, we should recall that if a psychosis has a discharge rate (including deaths) which equalled its admission rate the percentages in the first admissions 1930 and in the first admissions of the resident population would tend to be the same. However, if the percentage for a certain psychosis in the first admissions of the resident population is less than the percentage for first admissions 1930, we may say that the discharge rate for that particular psychosis is higher than the admission rate, and that these patients are leaving the institution at a more rapid rate than they are coming in. Again, if the percentage for a particular psychosis in the resident population first admissions is higher than that observed in the first admissions for 1930, we may say that the discharge rate for that psychosis is much lower than the admission rate and, therefore, there is a decided tendency for the retention of patients with this particular psychosis.

As we compare the percentage distributions for first admissions during 1930 with that of first admissions in the resident population at the end of the statistical year, we note that the percentages for specific psychoses in the resident group are lower in the following psychoses: senile psychoses, psychoses with cerebral arteriosclerosis general paralysis, other somatic diseases, manic-depressive, involution melancholia, and paranoia. That is, in reference to first admissions, we may say that these psychoses tend to have a higher discharge rate than admission rate, and no tendency toward retention within our institutions.

The percentages for specific psychoses of first admissions in the resident population are higher than the corresponding percentages in the first admissions during the year in the case of alcoholic psychoses, dementia praecox, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. The above group show a definite tendency to be retained within institutions.

We will now compare the psychoses of readmissions for the current year with those of the readmissions in residence at the end of the statistical year. We note again that the percentage distribution among the readmissions in residence is lower for certain psychoses than the percentage for the same psychoses in the readmissions during 1930. Psychoses falling in this class are: senile psychoses, cerebral arteriosclerosis, general paralysis, alcoholic psychoses, other somatic diseases, manic-depressive psychoses, and involution melancholia. That is, considering the readmissions, we note again that there is a tendency for cases with the foregoing psychoses to leave the institutions (by discharge or death) and not to be retained within institutions. Again we note that the percentages for certain psychoses are higher among the resident readmissions than among the readmissions for 1930, indicating that there is a definite tendency for cases with these psychoses to be retained. The particular psychoses concerned are: dementia praecox, paranoia, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. It will be observed that these are practically the same psychoses that showed a tendency to be retained among the first admissions in the resident population.

TABLE 74. — *Month of Admission for Admissions, Month of Discharge, Month of Death, and Month of Admission in All Cases in Residence September 30, 1930.*

MONTH.	MONTH OF ADMISSION ALL ADMISSIONS, 1930. ¹		MONTH OF DISCHARGE ALL DISCHARGES, 1930. ¹		MONTH OF DEATH ALL DEATHS, 1930.		MONTH OF AD- MISSION ALL CASES IN RESIDENCE, SEPTEMBER 30, 1930	
	NUMBER.	PERCENT.	NUMBER.	PERCENT.	NUMBER.	PERCENT.	NUMBER.	PERCENT.
October	519	7.82	325	8.01	146	8.54	1,582	7.53
November	482	7.26	349	8.61	140	8.19	1,474	7.00
December	502	7.53	317	7.81	158	9.24	1,591	7.55
January	580	8.73	309	7.62	117	6.85	1,649	7.80
February	524	7.89	273	6.73	140	8.18	1,479	7.00
March	543	8.18	324	7.98	160	9.35	1,949	9.23
April	577	8.69	299	7.37	157	9.17	1,734	8.23
May	569	8.57	361	8.90	158	9.24	1,957	9.26
June	602	9.06	369	9.10	140	8.18	2,044	9.70
July	617	9.30	408	10.04	127	7.41	1,931	9.16
August	551	8.30	364	8.98	143	8.35	1,855	8.79
September	575	8.67	359	8.85	125	7.30	1,849	8.75
Total	6,641	100.0	4,057	100.0	1,711	100.0	21,094	100.0

¹Does not include transfers.

MONTH OF ADMISSION FOR ADMISSIONS, MONTH OF DISCHARGE AND MONTH OF DEATH DURING 1930, COMPARED WITH MONTH OF ADMISSION, ALL CASES IN RESIDENCE.

Table 74 discusses the month of admission for all admissions, the month of discharge and month of death during the year 1930, and month of admission for all cases in residence on September 30, 1930. The months showing the greatest proportion of admissions for cases who entered hospitals during the year are July

with 9.30 per cent, and June with 9.06 per cent. November with 7.26 per cent, and December with 7.53 per cent show the lowest proportion of admissions. In general we may say that the six month period from April to September inclusive presents the largest number of admissions, and that the period from October to March presents the lowest number of admissions.

In considering the discharges for 1930, we note that the high months of discharge are July with 10.04 per cent, and June with 9.10 per cent. The low months are February with 6.73 per cent, and April with 7.37 per cent. Dividing the discharges into half year periods, we see that the greatest number of discharges occurs during the six month period from November to June, inclusive, and the smallest number of discharges occurs between December and May, inclusive.

The largest number of patients dying occurred during the month of March with 9.35 per cent, while the smallest number died in January, with 6.85 per cent. Among the deaths there is a period of three months, namely, March to May inclusive, in which the largest number of deaths occurred. Conversely, the smallest number of deaths are observed in the three month period July-September inclusive.

The resident population presents June and May as the high months of admission with 9.70 per cent, and 9.26 per cent respectively. November and February are the low months with 7.00 per cent each. It should be recalled that in the resident population we are dealing with the residual population after discharges and deaths have been subtracted from admissions. Here we note that the period presenting the highest proportion of admissions extends from March to September inclusive. The period presenting the lowest proportion of admissions extends from October to February inclusive.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE.

The total number of patients resident in mental hospitals on September 30, 1930, was 21,094. Twelve thousand, nine hundred eighty-one of these resident cases, or approximately 62 per cent were readmissions (Table 75). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. This fact reveals that the readmissions tend to be retained and contribute a larger portion of the residual population of mental hospitals.

TABLE 75. — *Admission Ages of First Admissions and Readmissions in the Resident Population on September 30, 1930.*

AGE AT ADMISSION.	TOTAL.			FIRST ADMISSIONS.			READMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	221	206	427	150	131	281	71	75	146
15-19 years	496	352	848	227	148	375	269	204	473
20-24 years	1,071	689	1,760	440	263	703	631	426	1,057
25-29 years	1,523	1,049	2,572	540	349	889	983	700	1,683
30-34 years	1,675	1,318	2,993	495	399	894	1,180	919	2,099
35-39 years	1,490	1,449	2,939	528	465	993	962	984	1,946
40-44 years	1,202	1,295	2,497	422	388	810	780	907	1,687
45-49 years	907	1,142	2,049	361	371	732	546	771	1,317
50-54 years	665	979	1,644	264	343	607	401	636	1,037
55-59 years	486	635	1,121	197	245	442	289	390	679
60-64 years	370	481	851	208	219	427	162	262	424
65-69 years	280	318	598	155	175	330	125	143	268
70-74 years	150	241	391	119	170	289	31	71	102
75-79 years	88	144	232	72	115	187	16	29	45
80-84 years	53	70	123	45	61	106	8	9	17
85-89 years	16	25	41	15	25	40	1	-	1
90 years and over	1	7	8	1	7	8	-	-	-
Total	10,694	10,400	21,094	4,239	3,874	8,113	6,455	6,526	12,981
Average Admission Age	38.4	41.9	40.1	40.0	44.2	42.0	37.3	40.6	39.0

The average age at admission for all cases in the resident population is 40.1 years for both sexes: 38.4 for the males and 41.9 for the females. When we compared the first admissions for the year 1930 we found that the females averaged

1.2 years older than the males. In the resident population, we observe that the sex difference in admission age is 3.5 years, the females again being the older.

The resident first admissions present 993 patients admitted between the ages 35-39 years. The admission age group 30-34 years is second with 894 patients. The age group 25-29 years is third with 889 admitted. We note a sharp reduction in the numbers admitted in the age group 40-44 years as compared with the age group 35-39 years. The average admission age for both sexes is 42.0 years: 40.0 years for the males and 44.2 years for the females. We see here a sex difference of over 4 years, the females presenting a higher average age at admission.

Among the readmissions, we note that the modal admission age falls in the age group 30-34 years, or 5 years earlier than was observed in the first admissions in residence. The average admission age for both sexes for all readmissions is 39.0 years; for males 37.3 years, and for females 40.6 years. We notice here that the observed sex difference is less than 4 years. We note also that the average age at admission for readmissions (39.0 years) is 3 years less than the average age for first admissions in residence.

We have here an apparent inconsistency in that readmissions are admitted to the institutions with a lower average age than first admissions. This suggests that the readmissions are made up of cases developing a psychosis in the earlier ages and consequently the readmission ages are below average. At the same time it should be recalled that readmissions are made up of psychoses occurring in the younger age groups and are comparatively rare among the psychoses occurring in the older age groups. On the other hand, the first admissions are made up of psychoses occurring at all ages. In this group the death rate in the older age groups will be high and, therefore, the possibility of readmission in the psychoses of the higher age groups is less. This in a certain measure may account for the higher average age observed in first admissions as compared with readmissions.

TABLE 76. — Admission Age and Present Age of All Patients in Residence on September 30, 1930, by Psychoses.

PSYCHOSES.	NUMBER.			AVERAGE AGE AT ADMISSION.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	39	5	44	42.2	41.4	42.1	48.8	45.0	48.4
Senile	218	456	674	71.1	70.9	71.0	74.2	74.0	74.1
With cerebral arteriosclerosis	388	363	751	66.9	67.5	67.1	69.5	70.0	69.7
General paralysis	458	121	579	43.1	44.2	43.3	45.8	48.9	46.5
With cerebral syphilis	59	35	94	44.1	48.7	45.8	48.8	54.7	51.0
With Huntington's chorea	11	9	20	44.0	40.5	42.5	46.8	41.6	44.5
With brain tumor	2	3	5	31.0	41.6	37.4	31.0	45.0	39.4
With other brain or nervous diseases	123	82	205	38.5	39.2	38.8	42.3	43.3	42.7
Alcoholic	1,053	208	1,261	47.1	49.0	47.4	56.2	58.9	56.6
Due to drugs and other exogenous toxins	7	16	23	37.8	44.3	42.3	45.0	50.0	48.5
With pellagra	2	3	5	40.0	51.6	47.0	45.0	58.3	53.0
With other somatic diseases	52	79	131	48.1	44.7	46.0	51.1	47.6	49.0
Manic-depressive	610	1,051	1,661	45.6	44.5	44.9	51.3	50.9	51.0
Involution melancholia	103	282	385	55.7	52.1	53.1	59.9	58.0	58.5
Dementia praecox	5,341	5,473	10,814	33.7	39.0	36.4	44.4	49.5	46.9
Paranoia or paranoid conditions	177	346	523	47.0	50.7	49.5	53.7	58.1	56.6
Epileptic psychoses	562	550	1,112	33.2	33.3	33.2	38.2	40.4	39.3
Psychoneuroses and neuroses	29	67	96	41.3	41.9	41.6	44.3	44.9	44.8
With psychopathic personality	97	86	183	38.2	40.0	39.0	44.8	45.5	45.1
With mental deficiency	751	669	1,420	33.1	35.1	34.0	42.8	44.2	43.5
Undiagnosed psychoses	109	64	173	39.2	41.6	40.1	40.1	42.5	41.0
Without psychoses:									
No associated condition	21	9	30	43.2	35.4	40.9	43.7	35.4	41.2
Epilepsy	16	48	64	30.1	27.7	28.3	33.1	38.2	36.9
Alcoholism	2	—	2	17.5	—	17.5	35.0	—	35.0
Drug addiction	—	1	1	—	75.0	75.0	—	85.0	85.0
Psychopathic personality	10	6	16	36.2	22.6	31.1	42.2	22.6	34.8
Mental deficiency	133	96	229	33.9	31.8	33.0	43.2	41.4	42.0
Other conditions	7	3	10	46.4	32.3	42.2	47.8	32.3	43.2
Epilepsy with mental deficiency	285	235	520	21.4	22.0	21.6	26.0	26.0	26.0
Hysteria with mental deficiency	1	1	2	35.0	45.0	40.0	35.0	45.0	40.0
Diagnosis deferred	28	33	61	44.0	46.5	45.3	44.0	46.8	45.5
All clinical groups	10,694	10,400	21,094	38.4	41.9	40.1	47.0	50.6	48.7

AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE OF ALL PATIENTS IN
RESIDENCE.

The average age at admission was 40.1 years: 38.4 years for the males and 41.9 years for the females (Table 76). The highest average admission ages occurred in senile psychoses, 71.0 years; involution melancholia, 53.1 years; and paranoia or paranoid conditions, 49.5 years. The lowest average age at admission is observed in the group "without psychoses", alcoholism, 17.5 years. Next in order follow without psychoses, epilepsy with mental deficiency, 21.6 years; without psychoses, epilepsy, 28.3 years; without psychoses, psychopathic personality, 31.1 years; and without psychoses, mental deficiency, 33.0 years. The average admission age for dementia praecox was 36.4 years and for manic-depressive psychoses, 44.9 years.

In considering the *present* average age of these resident cases, the total for both sexes is 48.7 years; 47.0 years for the males, and 50.6 years for the females. The highest average present age occurs in senile psychoses, 74.1 years. Next in order are: psychoses with cerebral arteriosclerosis, 69.7 years; involution melancholia, 58.5 years; and paranoia and alcoholic psychoses, 56.6 years each. The smallest average present ages are observed in the "without psychoses" group being led by without psychoses, epilepsy with mental deficiency, 26.0 years. In order follow: without psychoses, psychopathic personality, 34.8 years; alcoholism, 35.0 years; without psychoses, epilepsy, 36.9 years; and epileptic psychoses, 39.3 years.

COMPARISON BETWEEN AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS,
1930, AND ALL RESIDENT POPULATION ON SEPTEMBRE 30, 1930.

Table 77 gives us the average admission age of resident population September 30, 1930, compared with average age of first admissions, 1930 by psychoses. Psychoses presenting the smaller numbers were omitted. We observe the interesting fact that the admission age for the resident population, 42.0 years, is considerably lower than that of first admissions for the year 1930, 47.8 years. While this is true for the total, there are several psychoses which do not conform to this general trend.

TABLE 77. — *Average Admission Ages of Resident Population September 30, 1930; Compared with Average Ages of First Admissions 1930, by Certain Psychoses.*

PSYCHOSES.	AVERAGE AGE AT ADMISSION IN YEARS.	
	First Admissions in Residence, September 30, 1930.	First Admission, 1930. ¹
Senile	71.9	74.8
With cerebral arteriosclerosis	68.5	69.6
General paralysis	44.5	46.4
Alcoholic	46.9	47.8
With other somatic diseases	50.2	48.3
Manic-depressive	43.8	39.3
Dementia praecox	35.1	33.4
Involution melancholia	53.1	53.1
Paranoia or paranoid conditions	49.0	46.6
With other brain or nervous diseases	39.8	43.7
With mental deficiency	34.5	33.8
Without psychoses	24.9	28.3
Epileptic psychoses	32.4	37.9
With psychopathic personality	40.8	35.0
All other psychoses	44.0	45.3
All clinical groups	42.0	47.8

¹First Admissions by regular court commitment.

For example, we observe in the psychoses with other somatic diseases that the average age of first admissions was 49.3 years, and that the average age of the resident population was 50.2 years. Other psychoses presenting this non-conforming trend are: manic-depressive psychoses, 39.3 years-43.8 years; dementia praecox, 33.4 years-35.1 years; paranoia, 46.6 years-49.0 years; psychoses with mental deficiency, 33.8 years-34.5 years; psychoses with psychopathic personality, 35.0 years-40.8 years.

TABLE 78. — *Average Age at Admission, Average Age at Discharge and Average Age at Death of Committed Patients Compared with Average Age of the Resident Population, September 30, 1930.*

HOSPITALS.	AVERAGE ADMISSION AGE—FIRST ADMISSIONS, 1930.			AVERAGE AGE OF CASES DISCHARGED DURING 1930.			AVERAGE AGE OF CASES DYING DURING 1930.			AVERAGE AGE OF RESIDENT POPULATION.					
	M. F. T.			M. F. T.			M. F. T.			AT ADMISSION.			PRESENT AGE.		
										M.	F.	T.	M.	F.	T.
Boston State	51.1	54.5	52.8	43.2	46.0	45.1	63.3	64.6	63.9	40.6	43.9	42.5	48.8	52.2	50.7
Boston Psychopathic	36.5	35.0	35.9	38.6	32.9	35.3	42.5	54.6	49.0	35.2	33.3	34.3	35.3	33.3	34.4
Danvers	47.7	48.8	48.2	43.2	42.8	43.0	60.9	62.7	62.0	40.1	43.0	41.7	46.7	51.5	49.3
Foxborough	45.6	51.1	48.4	44.4	40.0	42.1	60.5	68.3	64.5	41.0	41.8	41.4	46.8	48.2	47.5
Gardner	56.7	52.4	54.1	44.6	41.3	42.0	61.6	66.8	63.3	37.9	41.7	39.5	50.3	53.1	51.9
Graton	43.7	39.7	42.5	34.7	35.8	35.1	58.1	55.6	56.5	37.0	42.3	40.0	48.8	50.9	49.7
Medfield	43.6	39.9	41.7	39.0	40.9	40.0	59.6	58.6	59.1	39.4	40.5	40.1	47.9	53.5	52.9
Northampton	48.6	48.1	48.4	42.3	45.4	44.1	63.2	65.9	64.4	41.0	43.7	42.5	47.9	49.9	49.0
Taunton	50.6	51.5	51.1	42.5	42.6	42.6	62.9	64.2	63.6	42.4	45.2	43.8	49.6	52.1	51.4
Westborough	51.9	49.4	50.6	43.8	45.2	44.6	64.7	66.4	65.6	41.9	45.5	44.0	49.0	50.4	48.0
Worcester	46.7	48.4	47.5	40.7	41.9	41.3	61.0	62.3	61.6	40.9	42.7	41.9	31.5	34.6	33.1
Monson	15.1	15.9	15.4	23.5	22.5	23.2	37.4	35.6	36.4	25.0	26.4	25.7	31.5	34.6	33.1
McLean	57.2	42.9	47.9	40.6	42.3	41.9	78.7	68.1	71.7	47.7	45.7	46.6	55.8	53.4	54.4
Bridgewater	38.8	—	38.8	37.9	—	37.9	56.1	—	56.1	35.2	—	35.2	48.2	—	48.2
Tewksbury	51.3	41.9	47.8	45.3	33.3	39.8	62.0	65.5	64.0	43.0	40.8	41.5	53.3	53.6	53.5
U. S. Veterans' No. 107	35.6	—	35.6	35.7	—	35.7	41.5	—	41.5	34.0	—	34.0	36.8	—	36.8
U. S. Veterans' No. 95	37.1	—	37.1	38.1	—	38.1	39.4	—	39.4	33.0	—	33.0	36.8	—	36.8
All Hospitals	47.2	48.4	47.8	41.6	43.1	42.4	60.7	64.2	62.4	38.4	41.9	40.1	47.0	50.6	48.7

In discussing this table, it must be recalled that the first admissions for any given year have three possibilities as to outcome: they may be discharged, they may die, or they may remain in residence. In attempting to reach a conclusion as to the younger admission ages of the resident population, the fact must be considered that the resident population is only the residue of the first admissions of former years. Otherwise, it would be a simple matter to generalize from this table and say that certain psychoses are being admitted at younger ages than they were in former years, while other psychoses are being admitted at older ages.

AVERAGE AGE AT ADMISSION, DISCHARGE AND DEATH COMPARED WITH AVERAGE
AGE AT ADMISSION AND AVERAGE PRESENT AGE OF RESIDENT
POPULATION, BY HOSPITAL.

We have previously discussed the average age at admission, (Table 29), the average age at discharge, (Table 55), and the average age at death, (Table 67), by hospital. In the present table (Table 78) we compare these with the average ages of the resident population, by hospital.

It is interesting to observe that while the average age at admission of cases admitted during 1930 is 47.8 years, the average age at admission of all cases in the resident population is 40.1 years. It should be recalled, of course, that the first admissions in the resident population are the cases remaining after the deaths and discharges have been removed. Otherwise, it would seem that cases were being admitted at older ages than has been the case previously.

It will be observed that the average age at discharge is 42.4 years, while the average age at death is decidedly higher, 62.4 years. A large number of these deaths comprise the senile and cerebral arteriosclerosis groups who enter the institution at a late age, thereby increasing the average age at death.

While the average age at admission of the resident population was 40.1 years, the average present age is shown to be 48.7 years. An estimate of the average length of hospital stay of these resident cases may be found by subtracting the average age at admission from the present average age. It shows that the average length of hospital stay is 8.6 years for all patients resident in the state hospitals on September 30, 1930. Again it should be recalled that the resident cases are the cases remaining within the institutions, while the cases discharged during the year had an average net length of residence of 1.26 years.

This table presents an opportunity for comparing these factors within the various institutions and, for example, may explain why certain institutions have higher death rates than others. Hospitals admitting cases in the older age groups and having the present age of their resident population in higher age groups also, may expect to have higher death rates. On the other hand, institutions presenting lower average present ages for their resident population, may expect to have lower death rates.

COMPARISON BETWEEN NATIVITY AND CITIZENSHIP IN ALL FIRST ADMISSIONS,
1930, AND RESIDENT POPULATION ON SEPTEMBER 30, 1930.

Table 79 shows the comparison between nativity and citizenship in first admissions 1930 and the resident population on September 30, 1930. While 60.6 per cent of first admissions for 1930 were native-born and 63.2 per cent of the resident population belonged in this group, the Massachusetts population in 1930 showed 74.8 per cent native-born. Thirty-nine and four-tenths per cent of first admissions in 1930 were foreign born, and 36.7 per cent of the resident population belonged in this group as compared with 25.2 per cent of foreign born in the State population. We see here an excess of the foreign born in both the resident population and in the first admissions for 1930.

We observed that 39.4 per cent of the 1930 first admissions are foreign born. It appears that the foreign born are presenting themselves to our hospitals in greater proportion than the native-born. This figure of 39.4 per cent for 1930 is a 14.2 per cent excess over the State population of 25.2 per cent for the year 1930.

We see another interesting change within the foreign born group in reference to naturalization. The resident population which is made up of the admissions of previous years, had 9.0 per cent of patients who were citizens by naturalization.

The first admissions for 1930, however, presented 13.9 per cent of cases of patients who were naturalized, a difference of 4 per cent. Stating the matter in another way, the percentage of aliens in the resident population was 27.7 per cent, and in the first admissions for 1930, 25.5 per cent, a difference of 2.2 per cent. Thus, while larger portions of foreign born seem to be presenting themselves to our State Hospitals, we may say that there is a tendency for smaller numbers of these to be aliens and larger numbers of these foreign born to be naturalized citizens.

TABLE 79. — *Percentage Distribution of Nativity and Citizenship in First Admissions, 1930, and Resident Population in Institutions on September 30, 1930, Compared with Massachusetts Population 1930.*

	PERCENTAGE DISTRIBUTION.		
	FIRST ADMISSIONS 1930.	RESIDENT POPULATION, SEPTEMBER 30, 1930.	STATE POPULATION, 1930.
Native	60.6	63.2	74.8
Foreign Born	39.4	36.7	25.2
Citizens by Naturalization	13.9	9.0	
Aliens	25.5	27.7	
	100.0	100.0	100.0

COMPARISON BETWEEN COUNTRY OF BIRTH OF FOREIGN BORN FIRST
COURT ADMISSIONS, 1930, AND RESIDENT POPULATION ON
SEPTEMBER 30, 1930.

Table 80 shows us the country of birth of foreign born patients, outlining the rates per 100,000 of the same country of birth in accordance with the 1930 census of the State of Massachusetts. It gives a comparison between first admissions during 1930 and all cases in residence on September 30, 1930. In this table we have arranged the countries in order of frequency of the admission rates for first admissions during the year 1930. We observe that Austria leads this list as a country of birth with 328 foreign born patients from this country being admitted to mental hospitals during 1930 per 100,000 of the State Population born in Austria in accordance with the census of 1930. Other countries in order are: Portugal, 197; Greece, 190; and Finland, 168.

TABLE 80. — *Country of Birth of Foreign Born Patients; First Admissions 1930, and All Cases in Residence on September 30, 1930; Rates per 100,000 of State Population of Same Country of Birth 1930 Census.*

COUNTRY OF BIRTH. ¹	RATES PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH.			
	FIRST ADMISSIONS 1930	Order.	CASES IN RESIDENCE.	Order.
Austria	328.	1	3,797.	1
Portugal	197.	2	776.	6
Greece	190.	3	679.	8
Finland	168.	4	971.	4
Ireland	158.	5	1,220.	2
England	124.	6	655.	10
Russia	119.	7	1,054.	3
Sweden	111.	8	700.	7
Scotland	103.	9	479.	13
Poland	99.	10	660.	9
Germany	97.	11	881.	5
Canada	97.	12	558.	11
Italy	84.	13	502.	12
All other countries	130.	—	594.	—
All Countries	118.		735.	

¹Countries considered are those having one hundred or more patients in the resident population.

The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria is still in first position with a rate of 3,797 patients in residence in mental hospitals on September 30, 1930 in accordance with the State population of Massachusetts 1930. There follows in order: Ireland, 1,220; Russia, 1,054; Finland, 971; and Germany, 881. In considering the rank order of these cases in the first admissions, 1930, and resident cases, we note that the only countries preserving the original order in foreign born groups are: Austria (first position); and Finland (fourth position).

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain foreign countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among the patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth. The country of birth of all resident patients, by psychoses, is shown in Summary Table.

COUNTY OF RESIDENCE; ADMISSIONS 1930, AND RESIDENT POPULATION ON SEPTEMBER 30, 1930.

Table 81 and Graph 8 give the county of residence and the rate per 100,000 population for the same county for (1) all patients admitted to all mental hospitals during the year 1930, (2) all patients remaining within institutions on September 30, 1930, and (3) all patients remaining on the books of institutions on September 30, 1930. In considering admissions we find the highest figure for Suffolk County. Two hundred fifty-four persons per 100,000 of the estimated population of this county on April 1, 1930, were admitted to our mental hospitals during the year 1930. Dukes and Middlesex are next in order with 141 persons per 100,000 population and 140 persons, respectively.

The lowest rates for admission are observed in Berkshire County, 74 persons; Barnstable County, 95 persons; and Franklin County, 98 persons. The total rate for all counties is 157 persons per 100,000 of the State population.

The foregoing rates give the figures for all of the admissions of a single year. However, we wish to consider the resident population in mental hospitals on September 30, 1930. Suffolk County again has the highest figure with 668 persons in residence in mental hospitals on September 30, 1930 per 100,000 of the population. Hampshire follows with 579, and Plymouth is third with 477. The following counties have the lowest rates for cases in residence: Norfolk, 353; Dukes, 302; and Nantucket, 272. The total rate for all counties is 497 persons in mental hospitals per 100,000 of the State population.

The foregoing figures give us information on actual resident population. However, they do not give us the entire picture of all cases under care. This can be found only in the total cases on the books of institutions on September 30, 1930. In considering this point we observe again that Suffolk County leads with 737 persons on the books of mental hospitals on September 30, 1930 per 100,000 of the estimated population of that county. Next in order are Hampshire with 630, and Plymouth with 520. The lowest rates are observed in Norfolk, 400; Dukes 363; and Nantucket, 354. The total for all counties is 553 persons on the books of mental hospitals, 1930, per 100,000 of the estimated population of the State.

TABLE 81. — *County of Residence and Rates per 100,000 Population of (1) Patients Admitted to All Hospitals during Year ended September 30, 1930. (2) All Patients Remaining within Institutions on September 30, 1930.¹ (3) All Patients Remaining on Books of Institutions on September 30, 1930.²*

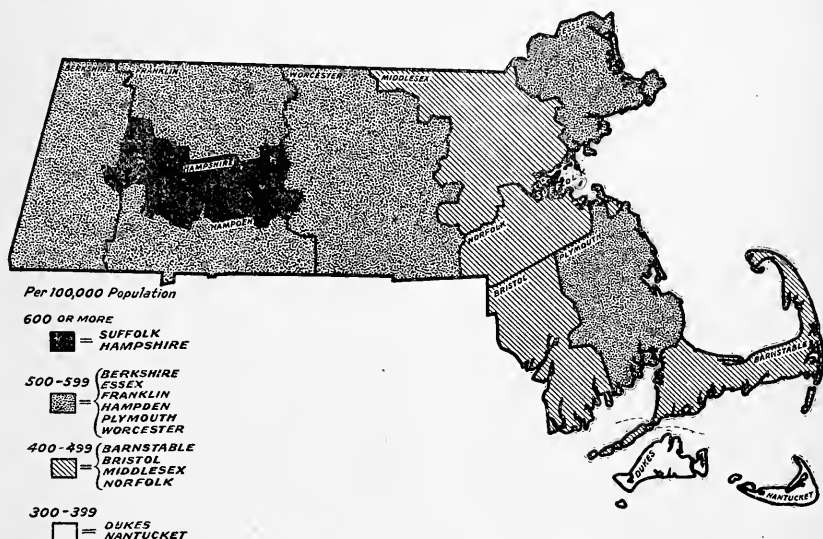
COUNTIES.	ALL ADMISSIONS ¹ DURING YEAR. ²			Rate per 100,000 Population Same County. ³	TOTAL CASES REMAINING WITHIN INSTITUTIONS.			Rate per 100,000 Population Same County.	TOTAL CASES REMAINING ON BOOKS OF INSTITUTIONS.			Rate per 100,000 Population Same County.
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
Barnstable	17	14	31	95	69	57	126	391	74	63	137	424
Berkshire	49	41	90	74	266	280	546	455	298	320	618	515
Bristol	199	192	391	107	797	777	1,574	432	876	874	1,750	479
Dukes	4	3	7	141	8	7	15	302	9	9	18	363
Essex	355	268	623	125	1,190	1,088	2,278	457	1,309	1,193	2,502	503
Franklin	30	19	49	98	128	99	227	457	138	111	249	501
Hampden	190	178	368	101	787	783	1,570	468	846	859	1,705	508
Hampshire	49	46	95	130	212	209	421	579	228	230	458	630
Middlesex	689	623	1,312	140	1,742	1,994	3,736	400	1,977	2,235	4,212	450
Nantucket	1	3	4	109	4	6	10	272	6	7	13	354
Norfolk	212	200	412	137	499	556	1,055	353	563	636	1,199	400
Plymouth	115	89	204	126	434	340	774	477	461	382	843	520
Suffolk	1,179	1,052	2,231	254	2,804	3,051	5,855	668	3,139	3,326	6,465	737
Worcester	338	262	600	122	1,114	1,068	2,182	444	1,292	1,207	2,499	507
Non-Resident of State	191	54	245	—	477	82	559	—	518	87	605	—
Unknown	22	4	26	—	163	3	166	—	165	3	168	—
Total	3,640	3,048	6,688	157	10,694	10,400	21,094	497	11,899	11,542	23,441	553

¹Includes transfers.

²Exclusive of transfers.

³U. S. Census, 1930.

Graph 8 presents the patients on the books of State Hospitals for mental disease on September 30, 1930 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk shows the highest rate (over 700 per 100,000) for mental disease in State Hospitals: Hampshire County is second (between 600 and 699 persons); and Bristol, Middlesex, Barnstable, and Norfolk are in third position (between 400 and 499 persons).



GRAPH 8. — PATIENTS ON THE BOOKS OF STATE HOSPITALS — 1930. RATES PER 100,000 POPULATION OF SAME COUNTY.

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing other cities with a population of over 100,000 persons, such as: Springfield (Hampden County); Worcester (Worcester County); and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, is the only county conforming to this hypothesis. Hampshire is in second position, and yet this county contains but one city, and that has a population of less than 25,000 (1930). Again we see that Dukes, and Nantucket show a low relative incidence for mental disease. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental disease in Massachusetts.

MENTALLY DEFICIENT

Section F. General Discussion of All Cases under Care in State Schools for the Mentally Deficient, 1930.

Section F. is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1930.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT, SEPTEMBER 30, 1930.

Table 82 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 4,460 actually within the institutions, and 4,760 on the books of the various schools. The State Schools had 4,159 patients actually within institutions and 4,557 patients on the books. The Belchertown State School had a total of 975 actually within the institution and 1,059 on the books. The Walter E. Fernald State School had 1,679 actually within the institution and 1,798 on the books. The Wrentham State School had 1,505 actually within the institution and 1,700 on the books. Eight private schools had 201 patients actually within institutions and 203 patients on the books at the end of the statistical year.

TABLE 82. — *Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1930, by School.*

SCHOOLS.	Actually in the Institution.	On the Books.
<i>State:</i>		
Belchertown	975	1,059
Walter E. Fernald	1,679	1,798
Wrentham	1,505	1,700
Total	4,159	4,557
<i>Private:</i>		
Elm Hill	30	30
Mentally Defective in Hospital Cottages	94	96
Ring Sanatorium and Hospital, Inc.	1	1
Standish Manor	14	14
Perkins School of Adjustment	36	36
The Freer School	9	9
Clarke School	13	13
Glenn School	4	4
Total	201	203
Total, all patients	4,460	4,760

Comparing the figure of 4,460 actually within state institutions for 1930 with the figure of 4,159 for 1929, we observe an increase of approximately 7 per cent. The rate per 100,000 of the population for 1930 was 104.9 for patients actually within institutions; for those on the books it was 112.0. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1930.

PATIENTS "ON VISIT", "ON PAROLE", AND "ON ESCAPE" FROM STATE SCHOOLS ON SEPTEMBER 30, 1930.

The number of patients "on visit", "on parole", and "on escape" in State Schools in 1930 was 398 or 8.7 per cent of the total number of patients on the books. Table 83 reveals that of the total of 398 out of institutions at the end of the year, 111 or 27.8 per cent were "on visit"; 218 or 54.7 per cent were "on parole"; and 69 or 17.3 per cent were "on escape".

On September 30, 1930, the Belchertown State School had 18 patients or 1.8 per cent of its total population out "on visit"; 41 patients or 3.8 per cent were "on parole"; and 25 patients or 2.3 per cent were "on escape", making a total of 84 patients or 7.9 per cent out of the institution at the end of the year. The Walter E. Fernald State School had 57 patients or 3.1 per cent of its total population "on

visit"; 51 patients or 2.8 per cent "on parole"; and 11 patients or .5 per cent "on escape", making a total of 119 patients or 6.6 per cent out of the institution on September 30, 1930.

The Wrentham State School had 36 patients or 2.1 per cent of its total population "on visit"; 126 patients or 7.4 per cent "on parole"; and 33 or 1.9 per cent "on escape", making a total of 195 patients or 11.4 per cent out of the institution at the end of the statistical year.

Patients "on visit" are those absent from the State Schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the School until discharged.

TABLE 83. — *Number of Patients "On Visit", "On Parole", and "On Escape" in State Schools on September 30, 1930, by School.*

STATE SCHOOLS.	Number on Books.	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL.	
		Num- ber.	Per- cent.	Num- ber.	Per- cent.	Num- ber.	Per- cent.	Num- ber.	Per- cent.
Belchertown	1,059	18	1.8	41	3.8	25	2.3	84	7.9
Walter E. Fernald	1,798	57	3.1	51	2.8	11	.5	119	6.6
Wrentham	1,700	36	2.1	126	7.4	33	1.9	195	11.4
Total	4,557	111	2.4	218	4.7	69	1.5	398	8.7

TABLE 84. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools, September 30, 1910-1930 inclusive.*

YEAR.	Number on the Books.	Number on Visit and Parole. ¹	Percent.	Number on Escape.	Percent.
1910	1,654	80	4.8	7	.4
1911	1,772	115	6.4	15	.8
1912	1,985	130	6.5	10	.5
1913	2,049	104	5.0	23	1.1
1914	2,366	157	6.6	15	0.6
1915	2,471	134	5.4	28	1.1
1916	2,873	237	8.2	54	1.8
1917	2,947	222	7.5	52	1.7
1918	3,115	305	9.8	47	1.5
1919	3,219	387	12.0	93	2.8
1920	3,163	290	9.1	53	1.6
1921	3,375	376	11.1	58	1.7
1922	3,315	401	12.1	65	1.9
1923	3,762	463	12.3	60	1.5
1924	4,075	560	13.7	55	1.3
1925	4,125	488	11.8	44	1.0
1926	4,145	429	10.3	56	1.3
1927	4,162	332	7.9	70	1.6
1928	4,304	325	7.5	67	1.5
1929	4,363	339	7.8	83	1.9
1930	4,557	329	7.1	69	1.5

¹Number on parole, 1930 — 218.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1930.

Table 84 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a slight decline. The year 1930 (7.1) per cent reveals a decrease over 1929 (7.8 per cent). This decrease over the last few years is due partly to administrative changes which no longer permit carrying a patient "on visit" indefinitely. This regulation has a tendency to in-

crease the number of discharges but slightly decreases the number of patients held "on visit". The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE.

Table 85 gives the total first admissions and readmissions (excluding transfers) to State Schools for the years 1904-1930. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923, with 282, 275, and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, (240 admissions) and 1921 (238 admissions). Belchertown State School admitted the greatest number in 1930 (153 cases) and the fewest in 1929 (54 cases).

TABLE 85. — *All Admissions to Schools for the Mentally Defective from the Community.*¹

YEAR.	TOTAL.	WALTER E. FERNALD.	WRENTHAM.	BELCHERTOWN.
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
Total	9,689	5,399	3,445	845

¹Transfers not included.

Considering the total for all years, we observe that 667 cases were admitted in 1916, 586 cases in 1923, and 556 cases in 1924. Observing particularly the period from 1923 onward, during which three State Schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930, however, there was a large increase in the number of admissions to the three State Schools, this being largely due to the increase of patients at the Belchertown State School.

During the period 1904-1930, we observe that a total of 9,689 cases were admitted to all State Schools. Five thousand, three hundred and ninety-nine cases were admitted to Walter E. Fernald State School or an average of 199.9 admissions per year. During the period 1910-1930, 3,445 cases were admitted to Wrentham State School, or an average of 164.0 admissions per year. For the period 1923-1930, a total of 845 patients were admitted to Belchertown State School or an average of 105.6 admissions per year. However, it should be recalled that the present capacities of both Wrentham and Belchertown are considerably smaller than Walter E. Fernald State School, and this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS FOR MENTALLY DEFECTIVES, 1904-1930
INCLUSIVE.

Table 86 shows the admissions to State Schools for the years 1904-1930 inclusive, by sex and the rate per hundred thousand of the general population. In general, we may say that the tendency has been for the rate to increase during the latter years as compared with the earlier years of this period. Thus, the rate for the years 1904-1908 is approximately 6, and the rate for the years 1926-1930 is approximately 8. The number of admissions is somewhat dependent upon the available accommodation. It will be noted that the years 1923-1925 inclusive are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per one hundred thousand of the population for 1930 is a decided increase over the rate of 7 for 1929. It is interesting to observe that the rates for males are higher than the rates for females in all but 4 years of this period.

TABLE 86. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1930 inclusive.*

YEAR.	NUMBER OF ADMISSIONS. ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION.		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.

¹Does not include transfers.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1930.

Table 87 reveals the number of patients in residence in State Schools and the rates per hundred thousand of the population for the years 1904-1930, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per one hundred thousand of the population in 1904, to a rate of 97 in the year 1930. This table demonstrates very strikingly the increasing burden upon the state of the care of the mental defective. Since 1904 the rate for patients in residence has more than trebled itself. From 1904 to 1921 inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding.

TABLE 87. — *Number of Patients in Residence in State Schools for Mental Defective, and Ratio per 100,000 Population, 1904-1930, inclusive.*

YEAR.	RESIDENT PATIENTS IN STATE SCHOOLS.			RESIDENT PATIENTS PER 100,000 POPULATION.		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	64.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,690	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.

LEGAL FORMS OF ADMISSION TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE.

In Massachusetts, patients are admitted to State Schools for the Mentally Defective under the following forms:

1. Voluntary admission: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion.
2. Admission for Observation: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion and may detain them for observation for a period not exceeding 30 days.
3. Commitment of Mentally Defective: Sec. 66, Chap. 123, G. L., as amended by Chap. 10, Acts 1922 and by Chap. 293, Acts 1925.
 - a. Written application to the probate court.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath.
 - c. Order of commitment by judge of probate.

Section G. Admissions to State Schools for the Mentally Deficient during 1930.

The following section discusses various factors in connection with all admissions to the three State Schools for the mentally defective for the year October 1, 1929 to September 30, 1930, inclusive.

LEGAL STATUS OF ALL ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1930.

Table 88 reveals that a total of 442 admissions were received at the three State Schools during the year; 233 cases were admitted under regular commitment; 197 cases were admitted under the voluntary or "school" status; 4 were admitted as observation cases; and 8 were admitted by transfer. The Wrentham State School admitted 183 cases, which was the largest number of any of the schools. Belchertown State School was second with 155 cases, and Walter E. Fernald was third with 104 cases. Belchertown State School presents the largest number admitted under court commitment, that of 112 persons. Walter E. Fernald State School admitted 61 under this status, and Wrentham State School admitted 60. Under voluntary or "school" status, we observe that Wrentham admitted 118 cases, Belchertown 40, and Walter E. Fernald 39. There was a marked increase in the number of admissions for 1930; 442, as compared with 311 in 1929.

TABLE 88. — *Legal Status of All Admissions to State Schools, 1930, by School.*

	ALL STATE SCHOOLS.			BELCHER-TOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment Cases admitted during year:												
First Admissions	75	137	212	18	86	104	41	15	56	16	36	52
Readmissions	11	10	21	4	4	8	5	—	5	2	6	8
Total	86	147	233	22	90	112	46	15	61	18	42	60
Voluntary Admission Cases admitted during year:												
First Admissions	95	95	190	15	22	37	26	13	39	54	60	114
Readmissions	5	2	7	2	1	3	—	—	—	3	1	4
Total	100	97	197	17	23	40	26	13	39	57	61	118
Observation Admission Cases admitted during year:												
First Admissions	1	—	1	—	—	—	—	—	—	1	—	1
Readmissions	2	1	3	1	—	1	1	—	1	—	1	1
Total	3	1	4	1	—	1	1	—	1	1	1	2
Total Cases admitted by transfer during year	—	8	8	—	2	2	—	3	3	—	3	3
Total Cases Admitted during year	189	253	442	40	115	155	73	31	104	76	107	183

MENTAL STATUS OF ALL ADMISSIONS, 1930.

A total of 434 cases were admitted to the three State Schools during 1930, excluding cases admitted by transfer, (Table 89). Seventy-four or 17.0 per cent of these were idiots; 113 or 26.2 per cent were imbeciles; 223 or 51.3 per cent were morons; and 24 or 5.5 per cent were classified as not mentally defective. One hundred and eight-nine males were admitted and 245 females.

Sex differences in mental status are observed. In the idiot group the percentage of males (21.1) exceeds that of the females (13.9). In the imbecile group the percentage of males is less than that of females, 20.1 and 30.6 respectively. In the moron group, they were distributed somewhat more evenly, 52.5 per cent of males and 50.6 per cent females. In the classification not mentally defective, we observe 6.3 per cent of males and 4.9 per cent of females.

TABLE 89. — *Mental Status of All Admissions, 1930; Percentage Distribution.*¹

MENTAL STATUS.	ALL ADMISSIONS. ²					
	NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.
Idiot	40	34	74	21.1	13.9	17.0
Imbecile	38	75	113	20.1	30.6	26.2
Moron	99	124	223	52.5	50.6	51.3
Not Mentally Defective	12	12	24	6.3	4.9	5.5
Total	189	245	434	100.0	100.0	100.0

¹Idiot, I. Q. under .24; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74; Not Mentally defective I. Q. .75 or over.

²Excludes 8 cases admitted by transfer.

In this table we note that 44 per cent of admissions during 1930 were males and 56 per cent females. The males present larger proportions in the idiot, moron, and not mentally defective groups while the females present larger proportions in the imbecile group.

FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1930.

According to the regulations outlined in the Statistical Manual of the National Committee for Mental Hygiene, statistics for first admissions, readmissions, discharges, and deaths should concern mentally defective patients only (I. Q. .74 or less). In the previous table we discussed *all* admissions to State Schools for the year 1930, exclusive of transfers, which was a total of 434. From this point on, and unless specifically stated otherwise we confine our remarks to mentally defective admissions only.

During 1930 there were 410 mentally defective admissions to State Schools for the mentally defective. Three hundred and eighty or 92.6 per cent were first admissions and thirty or 7.3 per cent were readmissions (Table 90). Belchertown State School contributed 146 admissions of which 134 or 91.7 per cent were first admissions and 12 or 8.2 per cent were readmissions. The Walter E. Fernald State School contributed 96 admissions, 91 or 94.7 per cent of which were first admissions and 5 or 5.0 per cent were readmissions. Wrentham State School presented 168 admissions, 155 or 92.2 per cent first admissions, and 13 or 7.7 per cent readmissions.

TABLE 90. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1930, by Schools.*¹

STATE SCHOOLS.	TOTAL ADMISSION.	FIRST ADMISSIONS.		READMISSIONS.	
		NUM-BER.	PER-CENT.	NUM-BER.	PER-CENT.
Belchertown	146	134	91.7	12	8.2
Walter E. Fernald	96	91	94.7	5	5.0
Wrentham	168	155	92.2	13	7.7
Total	410	380	92.6	30	7.3

¹Unless otherwise stated, this and the following tables include mentally defective first admissions and readmissions only (I. Q. .74 or less).

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1930.

The average age at admission of all first admissions to the three State Schools during 1930 was 12.9 years (Table 91). The average age for males (11.5 years), was lower than the females (13.9 years). In 1929, the average for both sexes was 12.7 years.

TABLE 91. — Age Distribution: Number and Percentage of First Admissions to State Schools, 1930, by School.

AGE GROUPS.	NUMBER.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERN'LD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	13	12	25	—	1	1	1	1	2	12	10	22
5-9 years.	66	57	123	11	16	27	22	5	27	33	36	69
10-14 years.	51	69	120	9	42	51	31	10	41	11	17	28
15-19 years.	20	51	71	5	31	36	7	6	13	8	14	22
20-24 years.	4	18	22	3	8	11	1	4	5	—	6	6
25-29 years.	3	3	6	2	3	5	1	1	1	—	—	—
30-34 years.	—	5	5	—	1	1	—	1	1	—	—	—
35-39 years.	—	4	4	—	1	1	—	—	—	—	3	3
40-44 years.	2	1	3	—	1	1	1	—	1	1	—	1
45-49 years.	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years.	—	—	—	—	—	—	—	—	—	—	—	—
55 years and overs.	1	—	1	—	—	—	—	—	—	1	—	1
Total	160	220	380	30	104	134	64	27	91	66	89	155
Average age in years	11.5	13.9	12.9	13.5	15.0	14.7	12.0	14.5	12.7	10.1	12.4	11.4

For the Belchertown State School the average age was 14.7 years: 13.5 years for the males and 15.0 years for the females. For the Walter E. Fernald State School the average was 12.7 years; 12.0 years for males and 14.5 years for females. For the Wrentham State School the average was 11.4 years; 10.1 years for the males and 12.4 years for the females. For each school the average admission age for females is consistently higher than for the males.

Of the total patients admitted, 268 or 70 per cent are under 15 years of age, and this general tendency is noted for each school. The number of children admitted under the age of 5 is largest for Wrentham (14.2 per cent). Important sex differences in admission ages are observed. In considering the total for all ages we see that 81.3 per cent of the males were admitted under the age of 14 years, while but 62.8 per cent of the females came within these age groups. Considering admission ages 15 years or higher we note that 18.7 per cent of the males fell in these groups, while 37.2 per cent of the females were admitted in these older age groups.

AGES OF READMISSIONS TO STATE SCHOOLS, 1930.

Table 92 shows that the average admission age of readmissions to State Schools during 1930 is 18.5 years; 18.3 years for the males and 18.6 years for the females. The highest average age of readmissions is observed at the Walter E. Fernald State School, that of 24.5 years. The Wrentham State School occupied the next highest, the average admission age being 21.7 years: 15.5 for males and 25.6 for females. The lowest admission age is observed at the Belchertown State School, that of 16.2 years; 17.5 for males and 14.5 for females.

TABLE 92. — *Age Distribution: Percentage of Readmissions to State Schools, 1930, by School.*¹

AGE GROUPS.	PERCENT.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . . .	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years.	11.8	7.7	10.0	14.3	20.0	16.7	—	—	—	20.0	—	7.7
10-14 years.	17.6	7.7	13.3	14.3	20.0	16.7	—	—	—	40.0	—	15.4
15-19 years.	41.1	53.8	46.5	42.8	60.0	50.0	40.0	—	40.0	40.0	50.0	46.1
20-24 years.	11.8	23.1	16.9	14.3	—	8.3	20.0	—	20.0	—	37.5	23.1
25-29 years.	5.9	—	3.3	14.3	—	8.3	—	—	—	—	—	—
30-34 years.	11.8	7.7	10.0	—	—	—	40.0	—	40.0	—	12.5	7.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0	100.0	100.0
Average Age in years.	18.3	18.6	18.5	17.5	14.5	16.2	24.5	—	24.5	15.5	25.6	21.7

¹Previous admissions to schools for mentally defective only.

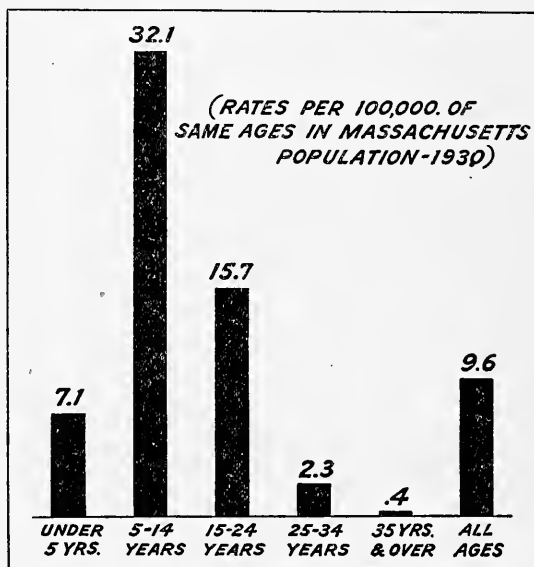
There were no readmissions under 5 years of age, the ages 10-14 years and 15-19 years making up 59.8 per cent of all readmissions. Twenty and two tenths per cent were readmitted during the ages of twenty and thirty. Ten per cent were admitted over the age of 30 years.

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1930; RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS.

Table 93 and Graph 9 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State Schools is the greatest.

TABLE 93. — *Ages of First Admissions and Readmissions to State Schools, 1930; Rates per 100,000 of Same Ages in Massachusetts Population, 1930.*

AGE GROUPS.	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	NUMBER.	RATE.	NUMBER.	RATE.	NUMBER.	RATE.
Under 5 years	25	7.1	25	7.1	—	—
5-14 years	250	32.1	243	31.0	7	.9
15-24 years	112	15.7	93	13.0	19	2.4
25-34 years	15	2.3	11	1.7	4	.6
35 years and over	8	.4	8	.4	—	—
Total	410	9.6	380	8.0	30	.7



GRAPH 9. — *AGES OF ADMISSIONS TO STATE SCHOOLS, 1930. RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930.*

The highest rate falls in the age group 5-14 years, with 32.1 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 15.7 persons, and the group under five years is third with 7.1 persons. The rate for all admissions is 9.6; for first admissions 8.0; and for readmissions .7. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State Schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.

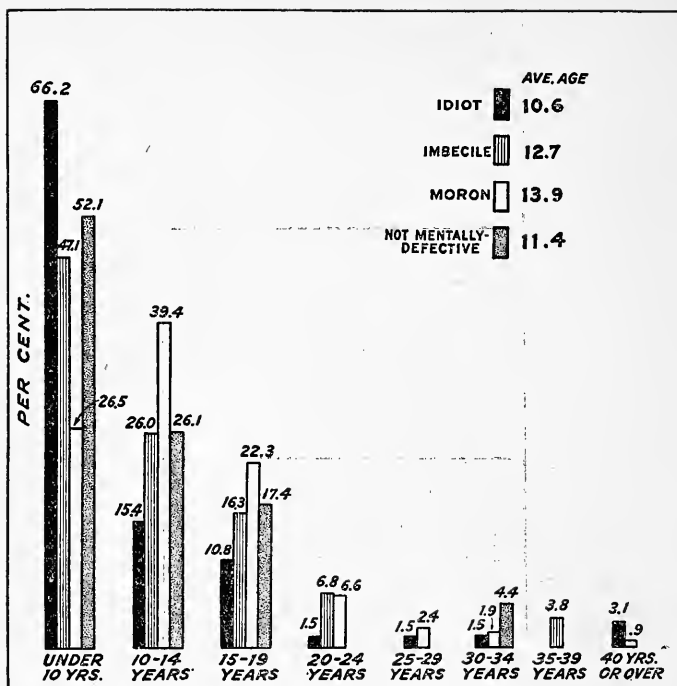
AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1930, BY MENTAL STATUS.

The percentage distribution of ages in mental groups reveals that the lower grade cases predominate in the younger age groups, (Graph 10 and Table 94). For example, in the group under 10 years of age at admission we see the following percentages: idiot, 66.2 per cent; imbecile, 47.1 per cent; and moron, 26.5 per cent. The not mentally defective group, however, had 52.1 per cent of its first admissions under 10 years of age. The morons present the largest number in the age group 10-14 years (39.4 per cent). They also have the largest number in the age group 15-19 years, 22.3 per cent. Imbeciles present the largest number in the age group 20-24 years, 6.8 per cent.

TABLE 94. — *Percentage Distribution of Ages in All First Admissions to State Schools, 1930, by Mental Status.*¹

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	49.7	32.3	39.8	71.4	60.0	66.2	30.0	45.8	47.1	40.8	15.3	26.5	54.5	50.0	52.1
10-14 years	31.5	31.0	31.3	14.3	16.7	15.4	31.3	23.6	26.0	38.7	39.8	39.4	27.3	25.0	26.1
15-19 years	12.3	23.3	18.6	5.7	16.7	10.8	15.6	16.7	16.3	14.0	28.8	22.3	9.1	25.0	17.4
20-24 years	2.3	7.8	5.5	—	3.3	1.5	3.1	8.3	6.8	3.2	9.3	6.6	—	—	—
25-29 years	1.8	1.3	1.5	2.9	—	1.5	—	—	—	2.2	2.6	2.4	—	—	—
30-34 years	1.6	2.2	1.5	—	3.3	1.5	—	—	—	2.2	3.4	1.9	9.1	—	4.4
35-39 years	—	1.7	.9	—	—	—	—	5.6	3.8	—	—	—	—	—	—
40 years and over	1.8	.4	.9	5.7	—	3.1	—	—	—	1.1	.8	.9	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age	11.5	13.9	12.9	10.7	10.4	10.6	10.8	13.0	12.7	12.0	15.3	13.9	11.6	11.2	11.4

¹Idiot I. Q. under .24; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74, Not Mentally Defective I. Q. .75 or over.



GRAPH 10. — PERCENTAGE DISTRIBUTION OF AGES IN FIRST ADMISSIONS TO STATE SCHOOLS — BY MENTAL STATUS.

We note that the idiot group has the lowest average admission age, that of 10.6 years. There is then a consistent increase in the next two groups, the average admission age for the imbecile group being 12.7 years and for morons 13.9 years. Those not mentally defective showed a slightly lower admission age, that of 11.4 years. There is a sex difference in certain of the mental groupings in which the females tend to be admitted at a higher average age than the males. This is true of the imbecile group and the moron group.

ENVIRONMENT OF FIRST ADMISSIONS TO STATE SCHOOLS, 1930.

Table 95 shows the environment of first admissions to State Schools in comparison with those of the general population residing in urban and rural centers. The rate per 100,000 of the general population is 8.93 for all first admissions: 9.56 for urban and 3.17 for rural.

TABLE 95. — *Environment of First Admissions to State Schools, 1930, Compared with Massachusetts Population, 1930.*

	TOTAL.	URBAN.	RURAL.
First Admissions	380	367	13
Percentage of First Admissions	100.0	96.6	3.4
Massachusetts Census, 1930 — Percentage	100.0	90.2	9.8
First Admissions — rate per 100,000 ¹	8.93	9.56	3.17

¹General population, same environment.

It will be observed that although the Massachusetts Census for 1930 shows a percentage of 90.2 of the population living in an urban environment, 96.6 per cent of the first admissions to State Schools came from an urban environment. Thus patients from urban centers are somewhat over-represented among first admissions.

On the other hand, first admissions from rural environments are under-represented, 1.4 per cent as against 9.8 per cent of the Massachusetts population who live in a rural environment.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1930, BY MENTAL STATUS.

The largest proportion (59.1 per cent) of first admissions belong in the marginal class; 36.7 per cent are found in the dependent group; and 4.0 per cent in the comfortable class, (Table 96). Idiots make up the smallest proportion (7.7 per cent) of the dependent group and the largest proportion (86.2 per cent) of the marginal group. The morons show the highest percentage (6.7 per cent) in the comfortable group. It is observed that 90.8 per cent of idiots, 75.0 per cent of imbeciles, and but 49.8 per cent of morons belonged in either the marginal or comfortable classes.

TABLE 96. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1930, by Mental Status.*

ECONOMIC CONDITION.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . . .	22.2	47.4	36.7	5.7	10.0	7.7	12.5	30.6	25.0	30.1	66.1	50.2
Marginal . . .	74.9	47.4	59.1	85.7	86.7	86.2	84.4	61.1	68.3	68.8	30.5	47.4
Comfortable . . .	2.9	4.8	4.0	8.6	—	4.6	3.1	8.3	6.7	1.1	3.4	2.4
Unknown . . .	—	.4	.2	—	3.3	1.5	—	—	—	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1930, BY NATIVITY AND PARENTAGE.

Table 97 shows that the foreign born have a high average admission age, 18.8 years. The native-born have an average admission age of 12.5 years. However, when we consider the parentage of the native-born, we observe that the highest average admission age occurs in the native-born of mixed parentage, 12.7 years; 11.9 years for the males and 8.4 years for the females. (Native-born patients of unknown parentage are excluded because of the few cases under consideration). The lowest average admission age occurs in the native-born of native parentage, 12.2 years: 11.0 for the males and 13.1 years for the females. The percentage distribution for these factors reflect the tendencies reviewed in the averages.

TABLE 97. — *Percentage Distribution of Ages in First Admissions to State Schools, 1930, by Nativity, Parentage.*

AGE GROUPS.	NATIVE BORN.										FOREIGN BORN.										
	AGGREGATE.			TOTAL.			PARENTAGE.						FOREIGN BORN.								
							NATIVE.			FOREIGN.						MIXED.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years	8.2	5.2	6.4	8.6	5.5	6.8	9.0	8.5	8.7	6.2	3.0	4.4	10.2	3.5	6.7	—	—	—	57.1	—	21.0
5-9 years	41.6	27.2	33.3	40.9	28.3	33.7	40.3	29.8	34.1	41.6	34.9	37.7	40.9	19.8	29.6	—	—	—	14.3	25.0	21.0
10-14 years	31.6	31.0	31.3	32.3	31.5	31.9	34.3	28.7	31.0	31.3	27.3	28.9	30.6	41.1	36.2	—	—	—	14.3	33.2	26.3
15-19 years	12.2	23.3	18.6	12.2	22.8	18.3	10.4	18.1	14.9	14.6	24.3	20.2	12.3	28.5	21.0	—	—	—	—	8.3	5.3
20-24 years	2.3	7.7	5.5	2.4	7.8	5.5	3.0	9.6	6.8	4.2	6.0	5.3	—	7.1	3.8	—	—	—	—	—	—
25-29 years	1.8	1.3	1.5	1.2	.9	1.0	1.5	2.1	1.9	—	—	—	2.0	—	.9	—	—	—	14.3	8.3	10.5
30-34 years	.6	2.2	1.5	.6	1.8	1.2	1.5	2.1	1.9	—	1.5	.9	—	—	—	—	—	—	—	8.3	5.3
35-39 years	—	1.7	1.0	—	1.4	.8	—	1.1	.7	—	3.0	1.7	—	—	.9	—	—	—	—	8.3	5.3
40-44 years	1.2	.4	.7	1.2	—	.5	—	—	—	2.1	—	—	2.0	—	—	—	—	—	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55 years and over	.6	—	.2	.6	—	.3	—	—	—	—	—	—	2.0	—	.9	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	11.5	13.9	12.9	11.4	13.3	12.5	11.0	13.1	12.2	11.6	13.3	12.6	11.9	8.4	12.7	—	20.8	20.8	12.5	22.5	18.8

TABLE 98. — *Percentage Distribution of Ages of All Patients Discharged from State Schools, 1930, by Mental Status.*¹

AGE AT DISCHARGE.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	11.4	11.3	11.3	35.7	35.7	35.7	21.4	18.2	20.0	11.5	11.4	11.5	18.1	—	10.0
10-14 years	14.9	11.3	13.4	28.6	28.6	28.6	21.4	—	12.0	11.5	11.4	11.5	—	11.2	5.0
15-19 years	27.2	16.2	22.7	14.3	21.4	17.8	3.6	22.7	12.0	37.7	14.3	29.2	45.5	—	25.0
20-24 years	34.2	18.7	27.8	14.3	14.3	14.3	35.7	18.2	28.0	37.7	14.3	29.2	36.4	44.6	40.0
25-29 years	8.8	16.2	11.9	—	—	—	14.3	13.7	14.0	9.8	22.8	14.6	—	22.1	10.0
30-34 years	2.6	12.5	6.7	7.1	—	3.6	—	9.1	4.0	3.3	22.8	10.4	—	—	—
35-39 years	.9	6.2	2.6	—	—	—	—	9.1	4.0	—	2.9	1.0	—	22.1	10.0
40-44 years	—	5.0	2.6	—	—	—	3.6	4.5	4.0	—	8.6	3.1	—	—	—
45-49 years	—	—	—	—	—	—	—	4.5	2.0	—	—	—	—	—	—
50-54 years	—	1.3	.5	—	—	—	—	—	—	—	2.9	1.0	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	18.6	23.5	20.6	14.2	13.2	13.7	17.9	23.6	20.4	20.2	27.0	22.7	17.1	25.8	21.0

¹Idiot, I. Q. Under .24; Imbecile I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective .75 and over.

Section H. All Discharges from State Schools for the Mentally Deficient during 1930.

The section following discusses various factors in reference to discharges from State Schools during the year 1930.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1930.

The largest numbers of patients discharged during 1930 fell in the age group 20-24 years, (27.8 per cent), (Table 98). Twenty-two and seven tenths per cent were discharged between the ages of fifteen and nineteen years, and 13.4 per cent between the ages of ten and fourteen years. We observe that a total of 63.9 per cent of cases were discharged between the ages of ten and twenty-four years. The higher mental classifications are discharged at higher ages. Thirty-five and seven tenths per cent of idiots were discharged under the age of 10 years while but 20.0 per cent of imbeciles and no morons were discharged in this age grouping.

The average age at discharge of all patients discharged from State Schools is 20.6 years; 18.6 years for males, and 23.5 years for females. The idiots showed the lowest average age at discharge, that of 13.7 years; 14.2 years for males and 13.2 years for the females. The morons show the highest average age at discharge, that of 22.7 years; 20.2 years for males and 27.0 years for females.

It is interesting to observe that the average admission age for this year was 12.9 years, while the average discharge age was 20.6 years. We may say that approximately eight years on the average is required to prepare a child for successful life in the community.

ALL DISCHARGES FROM STATE SCHOOLS, 1930; RATES PER 1,000 CASES UNDER TREATMENT.

During 1930, 194 patients were discharged from the three State Schools for the mentally defective (Table 99). Of these 114 or 58.7 per cent were males, and 80 or 41.3 per cent were females. Forty-nine were discharged from the Belchertown State School; 59.2 per cent were males and 40.8 per cent were females. Eighty-five were discharged from the Walter E. Fernald State School; 67.0 per cent were males and 33.0 per cent were females. Sixty were discharged from the Wrentham State School; 46.6 per cent were males, and 53.4 per cent were females.

TABLE 99. — Number of Discharges from State Schools, 1930 by Schools; Rates per 1,000 of Cases under Treatment.¹

STATE SCHOOLS.	NUMBER UNDER TREATMENT.			NUMBER OF DISCHARGES.			PERCENT.			RATE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	452	575	1,027	29	20	49	59.2	40.8	100.0	64.	34.	47.
Walter E. Fernald	1,097	684	1,781	57	28	85	67.0	33.0	100.0	52.	40.	47.
Wrentham	637	957	1,594	28	32	60	46.6	53.4	100.0	43.	33.	37.
Total	2,186	2,216	4,402	114	80	194	58.1	41.3	100.0	52.	36.	44.

¹Includes all discharges irrespective of I. Q. Cases under treatment are obtained by adding Resident Population on September 30, 1930, Discharges during the year 1930, and the number of Patients Dying during the year 1930.

The rate of discharge per 1,000 of cases under treatment for all schools was 44.52 for the males and 36 for the females. The Belchertown and Walter E. Fernald State Schools showed the highest discharge rates with 47 patients discharged per 1,000 cases under treatment for each school. Wrentham showed 37 patients discharged per 1,000 under treatment. In each of the three State Schools, the discharge rate for males was decidedly higher than that for females.

DISCHARGES FROM STATE SCHOOLS, 1930; RATES PER 1,000 CASES IN RESIDENCE.

Table 100 shows the present age of all cases in residence on September 30, 1930, the age at discharge of all cases discharged during 1930, and the rate of discharge per 1,000 cases in residence of the same age groups. The highest rate of discharge is observed in the age group 20-24 years, a rate of 71 cases discharged for each 1,000 cases in residence. (The age group under five years is not considered because of the few cases concerned). The age groups 15-19 years and 25-29 years also show high rates of 46 and 48 per thousand, respectively. The numbers in the age group 5-9 years are rather small and, therefore, should not be considered in comparison with the groups presenting larger numbers. However, it is rather surprising to observe that the discharge rate in the group 5-9 years is 65.

TABLE 100. — *Present Age Distribution of All Cases in Residence September 30, 1930, and Present Age of All Cases Discharged during 1930, by Sex; Discharge Rate per 1,000 of Cases in Residence of Same Age Group.*

AGE GROUPS.	PRESENT AGE OF ALL CASES IN RESIDENCE.			AGE AT DISCHARGE OF ALL CASES DISCHARGED, 1930			RATE PER 1,000 OF CASES IN RESIDENCE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . . .	17	11	28	4	—	4	235.	—	142.
5-9 years . . .	166	109	275	9	9	18	54.	82.	65.
10-14 years . . .	441	253	694	17	9	26	38.	35.	37.
15-19 years . . .	513	424	937	31	13	44	60.	30.	46.
20-24 years . . .	327	426	753	39	15	54	119.	35.	71.
25-29 years . . .	189	289	478	10	13	23	52.	45.	48.
30-34 years . . .	148	208	356	3	10	13	20.	48.	36.
35-39 years . . .	87	152	239	—	5	5	—	32.	20.
40-44 years . . .	64	112	176	1	4	5	15.	33.	28.
45-49 years . . .	51	53	104	—	1	1	—	18.	9.
50-54 years . . .	27	34	61	—	1	1	—	29.	16.
55-59 years . . .	19	18	37	—	—	—	—	—	—
60-64 years . . .	1	16	17	—	—	—	—	—	—
65 years and over . . .	—	4	4	—	—	—	—	—	—
Total. . .	2,050	2,109	4,159	114	80	194	55.	37.	46.

In summarizing this table, and in considering the groups presenting the larger numbers, we may say that the more favorable age groups for discharge lie between 15 and 29 years. The rates for individuals thirty years or older show a decided trend to lower levels. For example, the discharge rate for the age group 40-49 is reduced to 9 per thousand in residence.

MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1930; RATES PER 100 FIRST ADMISSIONS OF SAME MENTAL STATUS.

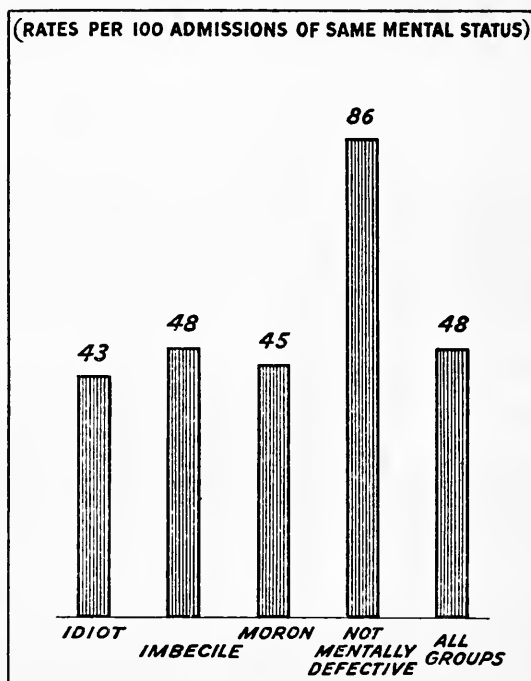
Of the 194 discharges from the three State Schools in 1930, 28 or 14.4 per cent were idiots; 50 or 25.7 per cent were imbeciles; and 96 or 49.6 per cent were morons. Twenty or 10.3 per cent were classified as not mentally defective. We note that 59.9 per cent of discharges were morons or higher, while 56.8 per cent of all admissions came in these groups, (Table 89).

A fairly satisfactory comparison between the rate of discharges in the various mental groups is obtained in the number of discharges per 100 first admissions of the same mental status. Table 101 and Graph 11 show the discharge rates for 1930. For all mental classes and both sexes, the rate of discharge is 48.2 cases for each 100 first admissions. The rate for males is 66.6, being higher than that of females, 34.4. The highest rate is noted in males not mentally defective, 100 discharges per 100 first admissions of the same mental status: the lowest in female morons, 29.6. The rates for males are higher in the imbecile, moron and not mentally deficient groups, while the rates for females are higher in the idiot group only.

TABLE 101. — *Mental Status of Patients Discharged from State Schools, 1930; Rates per 100 First Admissions of Same Mental Status.*¹

MENTAL STATUS.	FIRST ADMISSIONS.			DISCHARGES.						DISCHARGE RATE PER 100 FIRST ADMISSIONS SAME MENTAL STATUS.		
				MALES.		FEMALES.		TOTAL.				
	M.	F.	T.	Num-ber.	Per-cent.	Num-ber.	Per-cent.	Num-ber.	Per-cent.	M.	F.	T.
Idiot	35	30	65	14	12.3	14	17.5	28	14.4	40.0	46.7	43.1
Imbecile	32	72	104	28	24.3	22	27.5	50	25.7	87.5	30.5	48.1
Moron	93	118	211	61	53.7	35	43.8	96	49.6	65.6	29.6	45.4
Not mentally defective	11	12	23	11	9.7	9	11.2	20	10.3	100.0	75.0	86.9
Total	171	232	403	114	100.0	80	100.0	194	100.0	66.6	34.4	48.2

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74, Not Mentally Defective, I. Q. .75 and over.



GRAPH 11. — MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1930; RATES PER 100 ADMISSIONS OF SAME MENTAL STATUS.

AVERAGE TIME IN INSTITUTIONS DURING PRESENT ADMISSION OF PATIENTS DISCHARGED DURING 1930, BY MENTAL STATUS.

Table 102 gives the average time on the books of institutions, the average time spent out on visit, and the net time spent within the institutions for all cases discharged from State Schools during 1930, by mental status and sex. The average time which these discharged cases spent on the books of State Schools was 6.62 years; 5.69 years for males and 7.95 years for females. An average of 1.87 years was spent out of the institution on visit or parole; 1.75 years for males and 2.03 years for females. The average net time spent within the institution was 4.75 years; 3.94 years for males and 5.92 years for females.

TABLE 102. — *Average Net Time in Years within Institution during this Admission and Mental Status of All Patients Discharged, 1930.*¹

MENTAL STATUS.	TOTAL DISCHARGES.			AVERAGE IN YEARS.								
				AVERAGE TIME ON BOOKS.			AVERAGE TIME SPENT OUT. ²			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	14	14	28	5.11	4.64	4.84	.04	.24	.14	5.07	4.40	4.70
Imbecile	28	22	50	6.60	8.43	7.40	1.83	2.05	1.92	4.77	6.38	5.48
Moron	61	35	96	5.85	8.42	6.79	2.07	2.80	2.34	3.78	5.62	4.45
Not mentally defective .	11	9	20	3.19	10.22	6.35	2.00	1.75	1.35	1.19	8.47	5.00
Total!	114	80	194	5.69	7.95	6.62	1.75	2.03	1.87	3.94	5.92	4.75

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .49-.74; Not Mentally Defective I. Q. 75 and over.

²While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

The imbeciles showed the longest net average time within the institution, or 5.48 years. Next in order are the not mentally defective group with 5.00 years, idiots, 4.70 years and the moron group, 4.45 years. The idiot males remained longer than the idiot females. In all other groups, however, the females show a longer average stay within institutions.

It is interesting to compare the average length of hospital stay of patients with mental diseases discharged during the same year. We found in Table 59 that the average length of hospital stay for mental patients was one year and three months. On the average, cases of mental deficiency remained almost five times as long in State Schools as mental cases remained in mental hospitals.

AVERAGE TIME WITHIN STATE SCHOOLS, BY SCHOOL; ALL PATIENTS DISCHARGED, 1930.

Table 103 gives the average net time which all patients discharged during 1930 spent in particular schools. Belchertown presented the shortest average length of stay with 2.46 years. There was a noticeable sex difference, the females remaining almost a year longer than the males, or an average stay of 3.01 years as compared with 2.10 years. The Walter E. Fernald State School revealed the longest average hospital stay with 6.11 years. In this institution the females remained 3.42 years longer than the males, the averages being 8.40 years for the females as compared with 4.98 years for the males. Wrentham was intermediate with an average length of school stay of 4.71 years; males 3.69 years, and females 5.59 years.

TABLE 103. — *Average Net Time in Years within State Schools, All Patients Discharged, 1930, by School.*¹

STATE SCHOOLS.	AVERAGE NET TIME IN YEARS.		
	M.	F.	T.
Belchertown	2.10	3.01	2.46
Walter E. Fernald	4.98	8.40	6.11
Wrentham	3.69	5.59	4.71
Total	3.94	5.92	4.75

¹Includes all patients discharged, irrespective of mental status.

AVERAGE NUMBER OF TIMES OUT ON VISIT THIS ADMISSION, ALL PATIENTS
DISCHARGED DURING 1930.

Table 104 discusses the average number of times out on visit during this admission for all patients discharged from State Schools during the year 1930, by School. The total number of discharges from all schools for the year 1930 was 194. Wrentham discharged the largest number with 90, and Belchertown State School the fewest with 49.

TABLE 104. — *Average Number of Times Out on Visit during this Admission of All Patients Discharged from State Schools 1930, by School.*¹

STATE SCHOOLS.	Number.	AVERAGE TIMES OUT.
Belchertown	49	2.06
Walter E. Fernald	85	3.21
Wrentham	90	2.55
Total	194	2.71

¹Includes all patients discharged, irrespective of mental status.

The highest average number of times out on visit occurs in the Walter E. Fernald State School discharges, an average of 3.21. Wrentham State School is next in order with an average of 2.55 visits per discharge, and Belchertown the lowest with an average of 2.06. For all schools we note that all discharges during the year 1930 averaged 2.71 visits from the schools during this particular admission.

Section J. Deaths Occurring in State Schools for the Mentally Deficient during 1930.

The following section presents data in reference to cases dying within the three State Schools during the statistical year ended September 30, 1930.

NUMBER OF DEATHS IN STATE SCHOOLS, 1930, BY SCHOOL; RATES PER 1,000 CASES
UNDER TREATMENT.

A total of 49 cases died in all State Schools during 1930, 22 males and 27 females, (Table 105). Wrentham State School presented the largest number of deaths with 29. Next in order is W. E. Fernald with 17 deaths, and lastly Belchertown with 3 deaths.

TABLE 105. — *Number of Deaths from State Schools, 1930, by School; Rates per 1,000 Cases under Treatment.*¹

STATE SCHOOLS.	NUMBER.						PERCENT.			RATES PER 1,000 UNDER TREATMENT.		
	UNDER TREATMENT.			DEATHS.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	452	575	1,027	1	2	3	33.3	66.7	100.0	2.	3.	2.
Walter E. Fernald	1,097	684	1,781	10	7	17	58.9	41.1	100.0	9.	9.	9.
Wrentham	637	957	1,594	11	18	29	37.9	62.1	100.0	17.	18.	18.
Total	2,186	2,216	4,402	22	27	49	44.9	55.1	100.0	10.	12.	11.

¹Includes all deaths irrespective of I. Q. Cases under Treatment are obtained by adding Resident Population on September 30, 1930, Discharges during the year 1930, and the number of Patients Dying during the year 1930.

To make these figures comparable, We have calculated the death rates per 1,000 cases under treatment during the year. The death rate per 1,000 of the resident population for all schools was 11. persons; 10 deaths per 1,000 males and 12. deaths per 1,000 females under treatment.

Wrentham presents the highest death rate with 18 deaths per 1,000 patients. Walter E. Fernald is next with 9 patients dying, and Belchertown has the lowest death rate with 2. We observe that there is little variation in the death rate for the sexes. The low death rate at Belchertown is expected because of the fact that this school opened in 1922, and therefore, has had little opportunity to accumulate cases in the older or high death rate age groups.

MENTAL STATUS OF PATIENTS DYING IN STATE SCHOOLS, 1930, DEATH RATES PER 1,000 CASES UNDER TREATMENT.

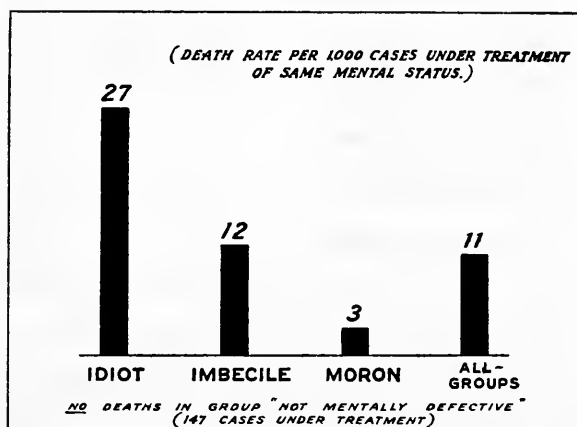
Of the total of 49 deaths which occurred during the year, twenty-three were in the idiot group, twenty in the imbecile classification, and six in the moron, (Table 106 and Graph 12). There were no deaths in the group not mentally defective, although 147 of these were under treatment in State Schools.

TABLE 106. — Mental Status of Patients Dying in State Schools, 1930; Rates per 1,000 under Treatment of Same Mental Status.¹

MENTAL STATUS.	NUMBER.						RATES.		
	UNDER TREATMENT.			DEATHS. ²					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	457	372	829	12	11	23	26.	29.	27.
Imbecile	798	789	1,587	8	12	20	10.	15.	12.
Moron	859	980	1,839	2	4	6	2.	3.	3.
Not mentally defective	72	75	147	—	—	—	—	—	—
Total.	2,186	2,216	4,402	22	27	49	10.	12.	11.

¹Cases under treatment are obtained by adding Resident Population on September 30, 1930, Discharges during the year 1930, and the number of patients Dying during the year 1930.

²No deaths in group "Not Mentally Defective", (147 cases in residence).



**GRAPH 12. — PATIENTS DYING IN STATE SCHOOLS, 1930.
RATES PER 1,000 CASES UNDER TREATMENT OF SAME
MENTAL STATUS.**

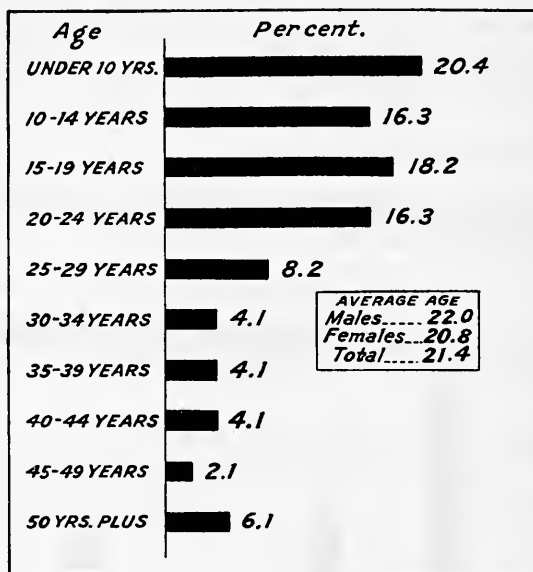
During the year 1930, we observe that 11. patients died per 1,000 cases under treatment. The death rate was highest in the idiot group, 27. The imbecile group presented the intermediate figure of 12., and the moron group presented the lowest death rate per 1,000 morons under care, that of 3. Thus we observe that the death rate among the imbeciles is four times that of the morons, and that the death rate among the idiots is nine times that of the moron classification.

Sex differences are observed in that the death rates for each of the groups are consistently higher for females than for the males. Comparing the total death rate of 11. persons per 1,000 of the resident population with the death rate 62. per 1,000 cases under treatment in hospitals for mental diseases, (Table 61) we note that the death rate in mental hospitals is approximately six times as high as that observed in the State Schools.

AGE OF PATIENTS DYING IN STATE SCHOOLS, 1930, BY MENTAL STATUS.

The average age of patients who died in State Schools in 1930 was 21.4 years: 22.0 years for males and 20.8 years for females (Table 107). The average age for for idiots was 21.9 years: males, 25.5 years, and females, 18.0 years. For imbeciles the average age was 19.0 years: males 20.0 years and females, 18.3 years. For morons the average age was 22.0 years: 10.0 years for males and 28.1 years for females. The lowest average age at death occurs in the imbeciles, 19.0 years, and the highest average age among the morons, 22.0 years. No patients classified as not mentally defective died during the year (147 under treatment).

Graph 13 outlines the percentage distribution of deaths by age groups. We observe that 20.4 per cent of all deaths occurred under the age of ten years while 11.3 per cent of discharges left the school at these ages, (Table 98).



GRAPH 13. — PERCENTAGE DISTRIBUTION, BY AGES, OF MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING 1930.

DURATION OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1930.

The average length of school residence during all admissions of patients dying during 1930 is 10.9 years: 12.1 years for males and 10.0 years for females (Table 108). The longest period of residence is observed among the idiots, 12.8 years: 16.4 years for males and 8.9 years for females. The morons remained the next longest period 10.5 years: 1.7 years for males and 15.0 years for females. The imbeciles remained the shortest time, 9.0 years: 8.1 years for males and 9.5 years for females.

TABLE 107. — *Percentage Distribution of Ages in All Patients who Died in State Schools 1930, by Mental Status.*¹

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . .	4.5	3.7	4.1	8.3	9.0	8.8	—	—	—	—	—	—
5-9 years . . .	13.7	18.6	16.3	8.3	18.2	13.0	12.5	25.0	20.0	50.0	—	16.7
10-14 years . .	22.8	11.1	16.3	16.7	18.2	17.4	25.0	8.3	15.0	50.0	—	16.7
15-19 years . .	9.1	25.9	18.2	16.7	18.3	17.4	—	41.7	25.0	—	—	—
20-24 years . .	18.2	14.8	16.3	—	18.3	8.8	50.0	16.7	30.0	—	—	—
25-29 years . .	13.7	3.7	8.2	25.1	9.0	17.4	—	—	—	—	—	—
30-34 years . .	—	7.4	4.1	—	—	—	—	—	—	—	50.0	33.2
35-39 years . .	4.5	3.7	4.1	—	—	—	12.5	—	5.0	—	25.0	16.7
40-44 years . .	4.5	3.7	4.1	8.3	—	4.3	—	—	—	—	25.0	16.7
45-49 years . .	—	3.7	2.1	—	9.0	4.3	—	—	—	—	—	—
50-54 years . .	4.5	3.7	4.1	8.3	—	4.3	—	8.3	5.0	—	—	—
55 years and over .	4.5	—	2.1	8.3	—	4.3	—	—	—	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age . .	22.0	20.8	21.4	25.5	18.0	21.9	20.0	18.3	19.0	10.0	28.1	22.0

¹No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).

TABLE 108. — *Percentage Distribution of Length of Time in Residence during All Admissions of All Patients Dying in State Schools, 1930, by Mental Status.*¹

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year . .	18.2	18.5	18.3	8.3	18.2	13.1	25.0	25.0	25.0	50.0	—	16.6
1 year . . .	4.5	7.4	6.1	8.3	18.2	13.1	—	—	—	—	—	—
2 years . . .	13.8	—	6.1	8.3	—	4.3	25.0	—	10.0	—	—	—
3 years . . .	4.5	7.4	6.1	—	9.1	4.3	—	8.4	5.0	50.0	—	16.7
4 years . . .	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years . . .	9.1	33.4	22.4	16.8	27.2	21.8	—	41.6	25.0	—	25.0	16.7
10-14 years . .	18.2	7.4	12.2	8.3	18.2	13.1	37.5	—	15.0	—	—	—
15-19 years . .	9.1	18.5	14.4	16.8	—	8.7	—	16.6	10.0	—	75.0	50.0
20-24 years . .	9.1	—	4.1	8.3	—	4.3	12.5	—	5.0	—	—	—
25-29 years . .	4.5	—	2.1	8.3	—	4.3	—	—	—	—	—	—
30-34 years . .	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years . .	4.5	3.7	4.1	8.3	—	4.3	—	8.4	5.0	—	—	—
40 years and over .	4.5	3.7	4.1	8.3	9.1	8.7	—	—	—	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average residence in years . .	12.1	10.0	10.9	16.4	8.9	12.8	8.1	9.5	9.0	1.7	15.0	10.5

¹No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1930.

Table 109 gives the percentage distribution of all causes of death of patients who died at State Schools in 1930, by mental status. Causes of death showing the highest proportions are tuberculosis of the respiratory system, 18.4 per cent; lobar pneumonia, 16.4 per cent; bronchopneumonia, 10.3 per cent; nephritis, 8.2 per cent; and diphtheria and bronchitis, 6.1 per cent each. In considering the individual mental status groups, we observe that the more prevalent causes of death in the idiot group are bronchopneumonia, 21.7 per cent; tuberculosis of the respiratory system, 13.0 per cent; and influenza, epilepsy, lobar pneumonia and malformations with 8.8 per cent each. The imbecile group presents the following causes of death as most important: tuberculosis of the respiratory system, and lobar pneumonia, 25.0 per cent each; and bronchitis, 15.0 per cent. Very few cases died in the moron group, and discussion of causes of death of this group is not justified.

TABLE 109. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools during 1930.*¹

CAUSES OF DEATH.	TOTAL.	IDIOT.	IMBECILE	MORON.
Epidemic, endemic and infectious diseases:				
Diphtheria	6.1	4.3	5.0	16.7
Scarlet Fever	2.0	4.3	—	—
Influenza	4.1	8.8	—	—
Tuberculosis of respiratory system	18.4	13.0	25.0	16.7
Other forms of Tuberculosis	2.0	4.3	—	—
Lethargic Encephalitis	4.1	—	10.0	—
General Diseases not included in Class I above:				
Cancer and other malignant tumors	2.0	4.3	—	—
Diseases of Nervous System and other Organs of Special Sense:				
Epilepsy	4.1	8.8	—	—
Other diseases of the Nervous System	4.1	4.3	5.0	—
Diseases of the Respiratory System:				
Bronchitis	6.1	—	15.0	—
Bronchopneumonia	10.3	21.7	—	—
Lobar pneumonia	16.4	8.8	25.0	16.7
Pleurisy	2.0	4.3	—	—
Diseases of the Digestive System:				
Hernia and intestinal obstruction	2.0	4.3	—	—
Cirrhosis of the liver	2.0	—	5.0	—
Non-Venereal Diseases of the Genito-Urinary System and Anæmia:				
Nephritis	8.2	—	10.0	33.2
Other diseases of Genito-Urinary System	2.0	—	—	16.7
Diseases of the Bones and Organs of Locomotion:				
Malformations	4.1	8.8	—	—
Total — All Causes	100.0	100.0	100.0	100.0

¹No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).

It appears that disorders of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1930. We observe that 53.2 per cent of all deaths were due to respiratory diseases of some type. Diphtheria and nephritis are also outstanding.

Section K. All Cases in Residence in State Schools on September 30, 1930.

The following section is devoted to a discussion of various factors in the resident population of State Schools on September 30, 1930.

ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1930.

On September 30, 1930, 4,159 individuals were in residence in the three State Schools: 2,050 males and 2,109 females. Belchertown State School contributed 975, Walter E. Fernald State School, 1,679, and Wrentham State School, 1,505. (Table 110).

TABLE 110. — *All Patients in Residence in State Schools, 1930, by School.*¹

STATE SCHOOLS.	NUMBER IN RESIDENCE.			PERCENT.		
	M.	F.	T.	M.	F.	T.
Belchertown	422	553	975	43.3	56.7	100.0
Walter E. Fernald	1,030	649	1,679	61.3	38.7	100.0
Wrentham	598	907	1,505	39.7	60.3	100.0
Total	2,050	2,109	4,159	49.3	50.7	100.0

¹Includes all patients in residence, irrespective of mental status.

The Walter E. Fernald State School presents the larger number of males in residence: 61.3 per cent males, and 38.7 per cent females. Belchertown with 43.3 per cent males and 56.7 per cent females, and Wrentham, with 39.7 per cent males and 60.3 per cent females present larger numbers of females in residence.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1930.

Table 111 presents material on the age at admission and average length of school stay of all cases in residence in State Schools on September 30, 1930, by sex. Of the residence population we observe that 1,294 were admitted to the State Schools between the ages of 10-14 years; 1,108 were admitted between the ages of 5-9 years; and 818 between 15-19 years. A total of 2,573 or 61 per cent of all resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age of 30.

TABLE 111. — Age at Admission and Average Length of School Stay of All Patients in Residence, 1930.¹

AGE GROUPS.	NUMBER.			AVERAGE LENGTH OF RESIDENCE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Under 5 years	106	65	171	8.24	7.36	7.91
5-9 years	703	405	1,108	8.89	9.58	9.14
10-14 years	694	600	1,294	9.25	8.74	9.02
15-19 years	331	487	818	9.73	8.71	9.12
20-24 years	97	262	359	8.31	9.51	9.18
25-29 years	54	117	171	8.28	9.27	8.95
30-34 years	20	83	103	9.07	8.49	8.61
35-39 years	21	48	69	8.02	7.38	7.57
40-44 years	11	20	31	5.66	9.54	8.16
45-49 years	6	9	15	4.00	8.61	6.76
50-54 years	3	8	11	4.50	7.75	6.86
55-59 years	4	4	8	3.42	7.50	5.46
60 years and over	-	1	1	-	7.50	7.50
Total	2,050	2,109	4,159			
Average	12.8	16.5	14.7	9.02	8.94	8.98

¹Includes all patients in residence, irrespective of mental status.

Comparing the sexes, we note that the males are in the majority in the admission age groups, under 5 years, 5-9 years, and 10-14 years, a total of 1,503 of the resident males being admitted during those ages as compared with 1,070 for the females. However, in admission ages above 15 years, we find the females, predominating or 1,039 cases of the resident females admitted in these age groups as compared with 547 for the males. Males tend to be admitted under the age of 14 years, as we observe that 73 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.7 years: for the females, 16.5 years and for the males 12.8 years.

In turning to the second section of this table, we note that children admitted between 20 and 24 years have remained the longest average time, that of 9.18 years. It appears that cases admitted in the age groups 5-9 years, 10-14 years, and 15-19 years, have also relatively long average periods of residence. There is a slight decrease in school stay of cases admitted after the age of 24 years. The shortest average length of residence occurs in the group admitted between the ages of 55 and 59 years, an average of 5.46 years. The sex differences for the various admission ages are not consistent. For all age groups combined, we notice that the average length of school stay of the resident population is 8.98 years. The males average a stay which is slightly longer than that of the females, 9.02 years as compared with 8.94 years.

ADMISSION AGE OF PATIENTS RESIDENT IN STATE SCHOOLS, 1930, BY NATIVITY
AND PARENTAGE.

The average admission age for all groups in the resident population is 14.7 years: 12.8 years for males, and 16.5 years for females (Table 112). The native-born of the resident population were admitted at ages approximately five years younger than the foreign born, or 14.4 years for native-born compared with 19.8 years for foreign born. However, the numbers of foreign born in our State Schools are so small that a comparison of the figures based on parentage of the native-born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.5 years: 12.3 years for males and 14.8 years for females. The native-born of native parentage were admitted at an average age of 14.6 years: 12.3 years for males and 16.5 years for females. We noted previously that as a group, the native-born were admitted at younger ages than the foreign born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at younger ages than the native-born of native parentage.

AVERAGE AGE AT ADMISSION AND AVERAGE PRESENT AGE OF ALL PATIENTS IN
RESIDENCE IN STATE SCHOOLS, 1930.

Table 113 shows an average admission age for all resident population of 14.7 years. The females averaged 3.7 years older than the males, or 16.5 years as compared with 12.8 years. The resident population of the Belchertown State School presented the highest average age at admission, that of 19.1 years. Walter E. Fernald State School was next in order with 13.7 years, and Wrentham State School the lowest, that of 13.2 years. The largest sex difference is observed in the Belchertown State School, the females averaging 4.2 years older than the males at admission. The smallest difference is observed in Fernald State School, the females averaging 3.7 years older than the males, or 16.0 years for the females compared with 12.3 years for the males.

TABLE 112. — Admission Age of All Patients in Residence, 1930, by Nativity and Parentage; Percentage Distribution.

ADMISSION AGE.	AGGREGATE.						NATIVE BORN.					
	TOTAL.						PARENTAGE.					
	M.			F.			NATIVE.			FOREIGN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	5.1	3.1	4.1	5.4	3.3	4.4	5.2	4.4	4.8	4.8	3.1	3.9
5-9 years.	34.3	19.2	26.7	34.7	19.9	27.3	35.6	19.5	27.9	36.6	24.1	30.3
10-14 years.	33.9	28.5	31.1	33.7	29.0	31.3	32.8	27.7	30.4	35.5	32.6	34.0
15-19 years.	16.2	23.1	19.7	16.0	23.2	19.6	15.0	22.6	18.7	15.2	21.3	18.5
20-24 years.	4.8	12.4	8.7	4.8	12.2	8.5	5.4	11.2	8.2	4.2	8.9	6.5
25-29 years.	2.7	5.8	4.1	2.4	5.3	3.9	2.3	5.2	3.7	1.7	5.2	3.5
30-34 years.	9.9	3.9	2.5	9.9	3.6	2.3	1.1	4.6	2.8	1.7	3.1	1.8
35-39 years.	1.0	2.3	1.6	1.0	1.9	1.5	1.6	2.2	1.9	.6	.9	.7
40-44 years.	.5	.9	.7	.5	.8	.6	.8	1.4	1.0	.3	.4	.4
45-49 years.	.3	.4	.3	.3	.4	.3	—	.5	.2	.3	.2	.2
50-54 years.	.1	.3	.2	.1	.3	.2	.1	.4	.2	.1	.1	.1
55-59 years.	.2	.1	.1	.2	.1	.1	.1	.2	.1	.1	.2	.1
60 years and over.	—	.04	.01	—	.05	.02	—	.1	.1	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age.	12.8	16.5	14.7	12.7	16.1	14.4	12.3	16.5	14.6	12.3	14.8	13.5

Includes all patients in State Schools, irrespective of mental status.

TABLE 112. — Admission Age of All Patients in Residence, 1930, by Nativity and Parentage; Percentage Distribution.¹ — Concluded.

ADMISSION AGE.	NATIVE BORN. — Con.						FOREIGN BORN.			NATIVITY UNKNOWN.		
	PARENTAGE. — Con.											
	MIXED.			UNKNOWN.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	6.5	2.9	4.7	3.3	—	1.3	—	—	—	4.2	—	2.6
5-9 years.	33.5	19.1	26.2	22.2	7.5	13.5	23.9	6.6	12.7	33.3	35.8	34.3
10-14 years.	32.3	28.8	30.5	38.9	21.0	28.2	37.4	22.1	27.6	41.7	14.3	31.6
15-19 years.	16.6	23.8	20.3	25.6	30.8	28.6	19.4	22.1	21.2	20.8	14.3	18.5
20-24 years.	4.2	13.6	8.9	6.7	26.3	18.4	4.5	17.3	12.7	—	7.1	2.6
25-29 years.	3.8	5.1	4.4	1.1	6.8	4.5	8.9	9.0	9.0	—	14.3	5.2
30-34 years.	—	2.8	1.9	1.1	3.8	2.7	2.9	9.0	6.9	—	7.1	2.6
35-39 years.	.8	2.2	1.5	—	3.0	1.8	1.5	8.2	5.8	—	—	—
40-44 years.	.5	.5	.5	—	.8	.5	—	3.3	2.1	—	—	—
45-49 years.	.5	.5	.5	1.1	—	.5	—	.8	.5	—	—	—
50-54 years.	—	.7	.4	—	—	—	1.5	.8	1.0	—	—	—
55-59 years.	.4	—	.2	—	—	—	—	.8	.5	—	—	—
60 years and over.	—	—	—	—	—	—	—	—	—	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age.	12.9	16.3	14.6	13.8	19.0	16.9	15.6	22.1	19.8	11.5	17.5	13.7

¹Includes all patients in State Schools, irrespective of mental status.

TABLE 113. — *Average Age at Admission and Average Present Age of All Patients In Residence in State Schools 1930, by School.¹*

STATE SCHOOLS.	AVERAGE AGE AT ADMISSION.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
Belchertown	16.8	21.0	19.1	21.7	24.5	23.3
Walter E. Fernald	12.3	16.0	13.7	23.4	28.1	25.2
Wrentham	10.9	14.8	13.2	18.0	23.0	21.1
Total	12.8	16.5	14.7	21.5	24.9	23.3

¹Includes all patients in residence, irrespective of mental status.

The average present age of the resident population is 23.3 years: 21.5 years for the males and 24.9 years for the females. In comparing the schools, we notice that there is much less of a spread in the average present ages than there was in the average admission ages. This is due to the fact that different age-at-admission groups have remained different lengths of time within the institution. The highest average present age of resident population is observed in the Fernald State School, 25.2 years, and the lowest at the Wrentham State School, 21.1 years.

MENTAL STATUS OF CASES IN RESIDENCE, 1930.

Table 114 presents material revealing that 18.7 per cent of the resident population of all schools belonged in the idiot group; 36.5 in the imbecile; 41.7 in the moron; and 3.1 per cent in the group not mentally defective.

TABLE 114. — *Percentage Distribution and Mental Status of All Cases in Residence in State Schools on September 30, 1930 by School.*

MENTAL STATUS.	TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	21.1	16.5	18.7	18.2	12.1	14.8	22.6	22.9	22.8	20.2	14.5	16.7
Imbecile	37.1	35.8	36.5	35.8	32.5	33.9	38.4	38.9	38.6	36.1	35.6	35.8
Moron	38.9	44.6	41.7	42.4	50.3	46.9	36.9	36.9	36.9	39.4	46.6	43.8
Not mentally defective	2.9	3.1	3.1	3.6	5.1	4.4	2.1	1.3	1.7	4.3	3.3	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average I. Q. . . . .	.43	.46	.44									

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .49-.74; Not Mentally Defective, I. Q. .75 and over.

Walter E. Fernald State School had the largest proportion of idiots, 22.8 per cent, and Belchertown the smallest, 14.8 per cent. Walter E. Fernald also presented the largest percentage of imbeciles, 38.6 per cent, and Belchertown, the smallest, 33.9 per cent. Belchertown contained the highest proportion of morons, or 46.9 per cent, and Walter E. Fernald the lowest with 36.9 per cent. Belchertown had the highest proportion of patients not mentally defective with 4.4 per cent, and Walter E. Fernald the lowest with 1.7 per cent.

INTELLIGENCE QUOTIENT AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1930.

The intelligence quotient distribution of the resident population is shown in Table 115. For the total we observe that 857 patients fell in the I. Q. group .50-.59, 709 are found in the I. Q. group .40-.49, and 674 patients in the group .60-.69. Important sex differences are observed. With a fairly even number of both sexes in the resident population, we note that the males are in the majority in all I. Q. groups between .10 and .39: 41.7 per cent of resident males and 34.9

per cent of resident females. The females predominate in the I. Q. groups .40-.89: 57.9 per cent of resident males as compared with 65.3 per cent of resident females. In the I. Q. groups .90 or higher, the males again present the largest numbers, although these are too few to warrant consideration.

The average present age of the resident population is 23.3 years. The females average nearly 4 years older than the males, or 24.9 years as compared with 21.5 years.

TABLE 115. — *Intelligence Quotient and Average Present Age of All Patients in Residence in State Schools, on September 30, 1930.*¹

INTELLIGENCE QUOTIENT.	NUMBER.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
0-.09	88	86	174	20.4	23.1	21.7
.10-.19	222	152	374	20.8	23.4	21.8
.20-.29	258	224	482	23.0	24.0	23.5
.30-.39	288	273	561	25.7	26.0	25.9
.40-.49	338	371	709	24.6	27.7	26.2
.50-.59	401	456	857	20.4	25.9	23.4
.60-.69	296	378	674	17.2	23.3	20.7
.70-.79	135	138	273	16.8	22.2	19.5
.80-.89	19	29	48	17.2	22.8	20.6
.90 and over	5	2	7	22.5	25.0	23.0
Total	2,050	2,109	4,159	21.5	24.9	23.3

¹Includes all patients in residence, irrespective of mental status.

The I. Q. group .40-.49 presents the highest present age, that of 26.2 years. The I. Q. group .70-.79 presents the lowest average present age, that of 19.5 years. There is a slight tendency for the lower I. Q. groups to present higher average present ages. There is then a gradual rise to the I. Q. group .40-.49, then a decrease for the higher I. Q. groups. There is also a sex difference which is worthy of mention. The highest average present age for the females is noted in the I. Q. group .40-.49, that of 27.7 years; the lowest is observed in the group .70-.79 that of 22.2 years. Among the males the highest average present age is observed in the group .30-.39, 25.7 years; while the lowest is observed in the group .70-.79, that of 16.8 years. As we consider the average present age of the resident population of all State Schools, we note little variation in the females, whatever the mental status. However, in the males we notice a slight tendency for the higher intelligence quotient groups to present lower average ages.

PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1930.

Table 116 and Graph 14 show the present age of all patients in residence in State Schools on September 30, 1930, by sex. The age group presenting the highest number of resident cases is that of 15-19 years, with 937 cases. Next in order is the age group 20-24 years 753 cases, and the 10-14 year group with 694 cases. We notice that the three groups, 10-14, 15-19, and 20-24 years have a total of 2,384 cases. We may say then that 57 per cent of the resident population of State Schools are between 10 and 24 years of age. The numbers decrease gradually to the oldest age group, there being four in State Schools sixty-five years of age or over. We note that a total of 119 patients in resident are 50 years of age or higher.

In considering the sex differences, we note that the males predominate in the younger age groups. In the age groups, under 5 years, 5-9 years, 10-14 years and 15-19 years, we observe that there are 1,137 males in residence. For the same age groups, there are only 797 females in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups between 20 and 54 years. In these age groups we note that there is a total of 893 males as compared with a total of 1,274 females. These differences are revealed somewhat in the average present age for both sexes, 23.3 years. The females average 3.4 years higher than the males, the average present age for the females being 24.9 years and for the males 21.5 years.

TABLE 116. — *Present Age of Resident Population in State Schools on September 30, 1930, by School; Percentage Distribution.*¹

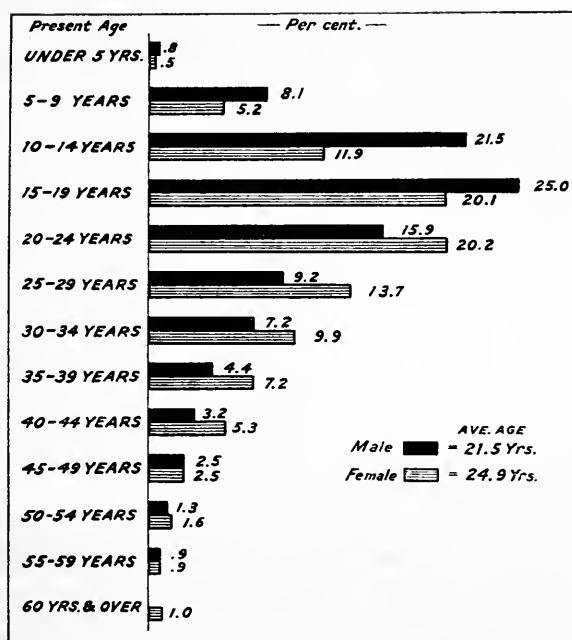
PRESENT AGE.	ALL SCHOOLS						BELCHERTOWN.					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	17	11	28	8	5	6	—	1	1	—	2	1
5-9 years	166	109	275	8.1	5.2	6.6	17	15	32	4.0	2.7	3.3
10-14 years	441	253	694	21.5	11.9	16.7	94	77	171	22.3	13.9	17.5
15-19 years	513	424	937	25.0	20.1	22.6	119	128	247	28.2	23.1	25.4
20-24 years	327	426	753	15.9	20.2	18.1	64	117	181	15.2	21.2	18.6
25-29 years	189	289	478	9.2	13.7	11.5	55	78	133	13.0	14.1	13.6
30-34 years	148	208	356	7.2	9.9	8.6	32	53	85	7.6	9.6	8.7
35-39 years	87	152	239	4.4	7.2	5.7	20	33	53	4.8	5.9	5.5
40-44 years	64	112	176	3.2	5.3	4.2	5	20	25	1.2	3.6	2.6
45-49 years	51	53	104	2.5	2.5	2.5	7	13	20	1.7	2.4	2.0
50-54 years	27	34	61	1.3	1.6	1.5	4	4	8	.9	.7	.8
55-59 years	19	18	37	.9	.9	.9	4	7	11	.9	1.3	1.1
60-64 years	1	16	17	.1	.8	.4	1	6	7	.2	1.1	.7
65 years and over	—	4	4	—	.2	.1	—	1	1	—	.2	.1
Total	2,050	2,109	4,159	100.0	100.0	100.0	422	553	975	100.0	100.0	100.0
Average Age in Years	21.5	24.9	23.3				21.7	24.5	23.3			

¹Includes all patients in State Schools irrespective of mental status.

TABLE 116. — *Present Age of Resident Population in State Schools on September 30, 1930, by School; Percentage Distribution.*¹ — *Concluded.*

	PRESENT AGE.	WALTER E. FERNALD.						WRENTHAM.					
								NUMBER.			PERCENT.		
								M.	F.	T.	M.	F.	T.
Under 5 years	1	1	2	1	1	1
5-9 years	61	23	84	5.9	3.5	5.0
10-14 years	215	68	283	20.9	10.5	16.8
15-19 years	257	114	371	24.9	17.6	22.1
20-24 years	147	115	262	14.3	17.7	15.6
25-29 years	70	74	144	7.7	11.4	9.1
30-34 years	87	60	147	8.4	9.2	8.7
35-39 years	53	62	115	5.2	9.6	6.9
40-44 years	55	56	111	5.3	8.6	6.6
45-49 years	40	33	73	3.9	5.1	4.3
50-54 years	23	24	47	2.2	3.7	2.8
55-59 years	13	8	21	1.3	1.2	1.3
60-64 years	—	8	8	—	1.2	.5
65 years and over	—	3	3	—	.5	.2
Total	1,030	649	1,679	100.0	100.0	100.0
Average Age in Years	23.4	28.1	25.2	18.0	23.0	21.1

¹Includes all patients in State Schools irrespective of mental status.



GRAPH 14. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN
RESIDENT POPULATION OF STATE SCHOOLS SEPTEMBER 30,
1930, BY SEX.

Walter E. Fernald State School shows the highest average age of resident population with 25.2 years: 23.4 for males and 28.1 for females. Wrentham shows the lowest average age, that of 21.1 years: 18.0 years for males and 23.0 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 12.3 percent under 10 years of age; Walter E. Fernald State School, 5.1 per cent and Belchertown, 3.4 per cent.

LENGTH OF SCHOOL RESIDENCE AND AVERAGE AGE AT ADMISSION OF ALL CASES IN RESIDENCE, 1930.

In considering the length of time that all cases in residence have spent within the State Schools, we note that the largest number, that of 1,419, falls in the group which has remained in residence between five and nine years (Table 117). The second largest number (512) is in the 10-14 year group. The smallest number, that of 27 is observed in the patients that have remained, 35-39 years. Considering the difference between the sexes, we note that the males are in the majority among those patients remaining in the institution four years or less, 796 males as compared with 712 females. However, among those cases remaining between five years and twenty-four years, we note that the females are in the majority, or 1,318 cases among the females as compared with 1,126 cases among the males. In the groups remaining twenty-five years or more, we observe that the sex trend has again shifted to the males and now the males are in the majority, or 128 cases for the males as compared with 79 cases for the females.

TABLE 117. — *Length of School Residence and Average Age at Admission of All Patients in Residence in State Schools on September 30, 1930.*

LENGTH OF SCHOOL RESIDENCE.	NUMBER.			AVERAGE AGE AT ADMISSION.		
	M.	F.	T.	M.	F.	T.
0- 5 months	81	100	181	11.8	14.8	13.5
6-11 months	88	136	224	12.4	13.8	13.2
1 year	144	117	261	11.2	16.3	13.5
2 years	234	117	351	13.7	16.3	14.6
3 years	135	132	267	13.2	16.8	15.0
4 years	114	110	224	12.9	16.7	14.7
5- 9 years	662	757	1,419	13.7	17.8	15.9
10-14 years	232	280	512	10.9	15.1	13.2
15-19 years	123	167	290	11.5	16.9	14.6
20-24 years	109	114	223	13.0	17.3	15.2
25-29 years	57	28	85	12.6	13.9	13.1
30-34 years	37	24	61	14.6	13.9	14.4
35-39 years	15	12	27	12.1	16.2	13.9
40 years plus	19	15	34	10.1	11.5	10.9
Total	2,050	2,109	4,159			
Average	9.02	8.94	8.98	12.8	16.5	14.7

¹Includes all patients in residence, irrespective of mental status.

The second section of this table considers the average age at admission of groups remaining within the institutions varying lengths of time. The highest average admission age, that of 15.9 years, occurs in the group which has remained between 5 and 9 years within institutions. The lowest average admission age, that of 10.9 years, is observed in the group which has remained in institutions 40 years or more. The average age at admission for all groups was 14.7 years. The females showed a slightly higher average age at admission, 16.5 years, than the males, 12.8 years.

The purpose of this table was to determine whether or not there was an association between the length of hospital stay of patients remaining in State Schools and the average age at admission. In conclusion, we may say that it appears that the resident cases remaining for the shortest average time appear to be slightly younger at admission than the cases remaining for longer periods. There is a possibility that this finding may be due to an increasing tendency to admit children at younger ages. This would account for the high average admission age of children admitted to State Schools ten or fifteen years previously.

COUNTY OF RESIDENCE OF ALL ADMISSIONS, 1930, AND RESIDENT POPULATION SEPTEMBER 30, 1930; RATES PER 100,000 STATE POPULATION.

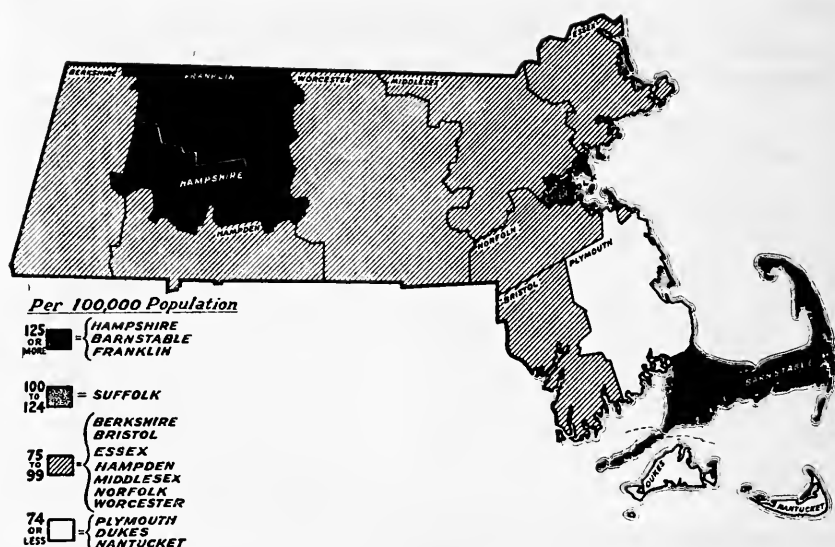
Table 118 and Graph 15 give the county of residence for all admissions during 1930, and also for all cases in residence on September 30, 1930. In the first section of this table, we have calculated the number of persons admitted to the State Schools in 1930 per 100,000 population of the same county of residence. We note that Franklin and Hampshire Counties show the highest rates with 32. and 24. persons respectively, admitted to State Schools during 1930 per 100,000 of the population of these counties. Next in order are Barnstable and Middlesex with fifteen persons each, and Norfolk with twelve. The rate for all counties combined is ten. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the statistical year.

TABLE 118. — *County of Residence of All Admissions 1930, and Resident Population on September 30, 1930; Rates per 100,000 of State Population.*

COUNTIES.	ALL CASES ADMIT- TED DURING YEAR ¹			RATE PER 100,000 POPULATION OF SAME COUNTY.	ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1930 ²			RATE PER 100,000 POPULATION OF SAME COUNTY.
	M.	F.	T.		M.	F.	T.	
Barnstable	1	4	5	15.	15	35	50	154.
Berkshire	6	9	15	11.	54	62	116	96.
Bristol	11	17	28	7.	159	150	309	84.
Dukes	—	—	—	—	1	1	2	40.
Essex	10	13	23	4.	234	218	452	90.
Franklin	6	10	16	32.	34	40	74	148.
Hampden	19	21	40	11.	153	126	279	83.
Hampshire	6	12	18	24.	42	71	113	155.
Middlesex	46	63	109	15.	431	452	883	94.
Nantucket	—	—	—	—	—	1	1	27.
Norfolk	14	24	38	12.	120	113	233	77.
Plymouth	4	8	12	7.	49	70	119	73.
Worcester	16	19	35	7.	233	199	432	87.
Suffolk	48	45	93	10.	511	562	1,073	121.
Non-Residents	2	—	2	—	14	9	23	—
Total	189	245	434	10.	2,050	2,109	4,159	97.

¹Does not include transfers.²Includes all cases in residence, irrespective of mental status.

The second section of this table gives the counties of residence of all cases in residence in State Schools on September 30, 1930, and also presents the rates per 100,000 of the population of these counties. The counties having the highest proportionate representation in our State Schools at the end of the statistical year were as follows: Hampshire with 155. persons in residence in State Schools per 100,000 of the population of that county; Barnstable, 154.; Franklin 148.; and Suffolk, 121. Counties presenting the lowest rates for patients in residence in State Schools are: Nantucket, 27.; Dukes, 40.; and Plymouth, 73. The total for the entire State was 97. persons in residence in State Schools per 100,000 of the population of the State on April 1, 1930.



GRAPH 15. — PATIENTS RESIDENT IN STATE SCHOOLS, 1930. RATES PER 100,000 POPULATION OF SAME COUNTY.

Graph 15 presents the patients resident in State Schools on September 30, 1930 outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State Schools. As has been mentioned previously, Hampshire has the largest proportion of population within State Schools, and Barnstable and Franklin counties are in second and third position, respectively. Nantucket County apparently has the lowest relative representation.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 119-168)
- B. Mental Deficiency (Tables 169-186)

Tables 119 - 186, Inclusive, are computed for the Statistical Year ended September 30, 1930.

TABLE 119. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930.*¹

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1929	11,326	11,198	22,524	1,055	1,416	2,471	60	55	115	999	1,230	2,229
<i>Cases Admitted during Year:</i>												
Regular Commitment Cases:												
First Admissions	1,679	1,528	3,207	184	201	385	92	74	166	266	236	502
Readmissions	409	395	804	46	50	96	2	15	17	54	62	116
Total Admissions ²	2,088	1,923	4,011	230	251	481	94	89	183	320	298	618
Temporary Care Cases:												
First Admissions	725	658	1,383	26	34	60	606	565	1,171	36	23	59
Readmissions	176	137	313	10	12	22	144	116	260	9	2	11
Total Admissions	901	795	1,696	36	46	82	750	681	1,431	45	25	70
Observation Cases:												
First Admissions	332	126	458	13	6	19	126	34	160	49	25	74
Readmissions	132	70	202	24	20	44	32	11	43	17	6	23
Total Admissions	464	196	660	37	26	63	158	45	203	66	31	97
Voluntary Cases:												
First Admissions	130	96	226	—	—	—	32	20	52	—	—	—
Readmissions	57	38	95	—	—	—	6	5	11	1	—	1
Total Admissions	187	134	321	—	—	—	38	25	63	1	—	1
Total cases admitted by transfer during year	387	240	627	14	16	30	1	1	2	17	15	32
Total cases admitted during the year	4,027	3,288	7,315	317	339	656	1,041	841	1,882	449	369	818
Total cases under treatment during year	15,353	14,486	29,839	1,372	1,755	3,127	1,101	896	1,997	1,448	1,599	3,047
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
As recovered	168	213	381	24	54	78	1	4	5	3	—	3
As improved*	455	531	986	26	57	83	15	18	33	100	114	214
As unimproved*	115	92	207	6	13	19	1	1	2	7	7	14
As not insane	29	13	42	—	1	1	—	—	—	1	—	1
Died	784	768	1,552	106	111	217	6	7	13	111	133	244
Total Discharges ³	1,551	1,617	3,168	162	236	398	23	30	53	222	254	476

Temporary Care Cases:											
As recovered	50	18	68	4	-	4	25	14	39	6	2
As improved*	193	138	331	4	2	4	177	128	305	2	2
As unimproved*	489	481	970	22	19	41	449	435	884	4	10
As not insane	140	133	273	4	16	20	90	103	193	24	7
Died	34	26	60	3	10	13	13	5	18	9	2
Total Discharges	906	796	1,702	37	47	84	754	685	1,439	45	23
Observation Cases:											
As recovered	90	20	110	5	4	9	2	-	2	27	2
As improved*	49	35	84	4	3	7	18	6	24	7	13
As unimproved*	96	27	123	7	1	8	78	22	100	4	2
As not insane	186	80	275	21	17	38	62	16	78	16	8
Died	34	16	50	4	2	6	-	-	-	3	6
Total Discharges	455	187	642	41	27	68	160	44	204	57	31
Voluntary Care Cases:											
As recovered	10	14	24	-	-	-	-	3	3	-	-
As improved*	39	23	62	-	-	-	22	9	31	-	-
As unimproved*	27	22	49	-	-	-	4	6	10	-	-
As not insane	45	27	72	-	-	-	10	4	14	1	1
Died	33	16	49	-	-	-	-	-	-	-	-
Total Discharges	154	102	256	-	-	-	36	22	58	1	-

*Excluding transfers.

¹In this and all following tables for forms of admission included under Regular Commitment, Temporary Care, Observation, and Voluntary admission. See pages 99, 100 and 101 of text.

²Includes 29 males and 18 females, making a total of 47 cases admitted to Monson on Sane Dangerous 69.

³Includes 17 males, 14 females, making a total of 31 cases discharged at Monson on Sane Dangerous 69.

TABLE 119. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930. — Continued.

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHIOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	388	242	630	63	43	106	49	51	100	15	7	22
Total cases discharged during year	3,454	2,944	6,398	303	353	656	1,022	832	1,854	340	315	655
Patients on books September 30, 1930:												
Regularly committed cases	11,203	11,028	22,231	1,053	1,396	2,449	60	46	106	1,090	1,280	2,370
Temporary care cases	12	15	27	—	—	—	10	11	21	1	2	3
Observation cases	222	36	258	16	6	22	3	3	6	17	2	19
Voluntary cases	402	463	925	—	—	—	6	4	10	—	—	—
Total on books	11,899	11,512	23,441	1,069	1,402	2,471	79	64	143	1,108	1,284	2,392
Total number of patients actually in hospitals September 30, 1930	10,694	10,400	21,094	981	1,279	2,260	41	35	76	954	1,124	2,078
<i>Averages.</i>												
Daily average population (including patients on escape, on visit, and in family care)	11,611.60	11,298.52	22,910.12	1,064.55	1,400.67	2,465.22	72.52	62.02	134.54	1,047.87	1,238.88	2,286.75
Daily average population (excluding patients on escape, on visit, and in family care)	10,519.18	10,198.62	20,717.80	992.60	1,270.28	2,262.88	45.99	39.23	85.22	916.04	1,080.34	1,996.38
Rated capacity of the hospitals	9,874	8,806	18,680	801	1,096	1,897	67	59	126	789	934	1,723
Patients on visit September 30, 1929	750	913	1,663	55	123	178	16	22	38	110	142	252
Patients on visit September 30, 1930	970	983	1,953	83	114	197	38	29	67	143	144	287
Daily average number of patients on visit during year	878.66	944.92	1,823.58	67.70	121.92	189.62	26.53	22.79	49.32	121.75	142.30	264.05
Patients on escape September 30, 1929	185	29	214	6	1	7	—	—	—	9	1	10
Patients on escape September 30, 1930	212	27	239	5	—	5	—	—	—	11	2	13
Daily average number of patients on escape during year	194.06	27.30	221.36	4.25	.86	5.11	—	—	—	10.07	.75	10.82

TABLE 119. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930. — Continued.

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1929	541	557	1,098	691	543	1,234	683	879	1,562	795	1,115	1,910
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First Admissions	83	85	168	21	31	52	25	11	36	68	72	140
Readmissions	12	22	34	5	8	13	4	4	8	21	24	45
Total Admissions ²	95	107	202	26	39	65	29	15	44	89	96	185
Temporary Care Cases:												
First Admissions	3	1	4	10	2	12	—	—	—	7	2	9
Readmissions	—	1	1	2	—	2	—	—	—	1	2	3
Total Admissions	3	2	5	12	2	14	—	—	—	8	4	12
Observation Cases:												
First Admissions	10	3	13	6	1	7	—	—	—	2	1	3
Readmissions	3	2	5	—	—	—	—	2	2	3	8	11
Total Admissions	13	5	18	6	1	7	—	2	2	5	9	14
Voluntary Cases:												
First Admissions	—	1	1	4	3	7	—	—	—	—	—	—
Readmissions	1	2	3	2	3	5	—	—	—	2	1	3
Total Admissions	1	3	4	6	6	12	—	—	—	2	1	3
Total cases admitted by transfer during year	2	8	10	66	33	99	38	46	84	9	44	53
Total cases admitted during the year	114	125	239	116	81	197	67	63	130	113	154	267
Total cases under treatment during year	655	682	1,337	807	624	1,431	750	942	1,692	908	1,269	2,177
<i>Cases Discharged during Year.</i>												
Regular Commitment Cases:												
As recovered	1	1	2	2	10	12	1	—	1	8	16	24
As improved*	23	27	50	5	10	15	5	5	10	24	22	46
As unimproved*	7	4	11	—	6	6	3	1	4	6	4	10

TABLE 119. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930. — Continued.*

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	14	5	19	5	1	6	8	3	11	12	4	16
Total cases discharged during year	97	81	178	69	48	117	39	47	86	112	103	215
Patients on books September 30, 1930:												
Regularly committed cases	555	599	1,154	737	572	1,309	711	894	1,605	793	1,165	1,958
Temporary care cases	2	1	3	—	1	1	—	—	—	2	1	3
Observation cases	1	1	2	1	3	4	—	—	—	1	—	1
Voluntary cases												
Total on books	558	601	1,159	738	576	1,314	711	895	1,606	796	1,166	1,962
Total number of patients actually in hospitals September 30, 1930	475	547	1,022	698	492	1,190	680	884	1,564	743	1,090	1,833
Daily average population (including patients on escape, on visit, and in family care)	536.88	540.76	1,077.64	710.08	551.06	1,261.14	698.64	886.16	1,584.80	794.46	1,142.16	1,936.62
Daily average population (excluding patients on escape, on visit, and in family care)	461.88	493.26	955.14	674.09	472.65	1,146.74	668.52	873.56	1,542.08	752.97	1,086.31	1,839.28
Rated capacity of the hospitals	468	442	910	674	444	1,118	591	561	1,152	637	907	1,544
Patients on visit September 30, 1929	32	39	71	14	34	48	6	7	13	22	24	46
Patients on visit September 30, 1930	43	52	95	16	27	43	26	5	31	38	56	94
Daily average number of patients on visit during year	37.00	45.50	82.50	12.65	26.35	39.00	27.95	5.4	33.35	26.92	35.19	62.11
Patients on escape September 30, 1929	35	2	37	13	—	13	1	—	1	14	14	28
Patients on escape September 30, 1930	40	2	42	15	—	15	4	—	4	15	12	27
Daily average number of patients on escape during year	38.00	2.00	40.00	12.80	—	12.80	2.16	—	2.16	15.58	13.20	27.78
Patients boarded out September 30, 1929	—	—	—	12	50	62	—	11	11	—	8	8
Patients boarded out September 30, 1930	—	—	—	9	57	66	1	6	7	—	8	8
Daily average number of patients boarded out during year	—	—	—	10.55	52.06	62.61	.02	7.19	7.21	—	6.74	8.74

Ex-service men on books September 30, 1929	27	1	28	14	-	14	4	-	4	16	-	16
Ex-service men on books September 30, 1930	25	-	25	10	-	10	5	-	5	15	-	15
Daily average number on books during year	27.75	-	27.75	8.92	-	8.92	3.84	-	3.84	13.66	-	13.66
Daily average number actually in hospitals during year	26.25	-	26.25	7.33	-	7.33	3.62	-	3.62	13.66	-	13.66
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	430	447	877	670	440	1,110	658	846	1,504	713	1,020	1,733
Reimbursing	45	100	145	28	52	80	22	38	60	30	70	100
Ex-service patients for whom pay is received from the Federal Government	1	-	1	-	-	-	-	-	-	-	-	-
Non-insane patients actually in hospitals on September 30, 1929:												
Mentally defective	10	22	32	48	31	79	51	19	70	-	-	-
Epileptic	1	-	1	-	-	-	14	6	20	-	-	-
Others	3	4	7	5	1	6	1	2	3	11	10	21
Total	14	26	40	53	32	85	66	27	93	11	10	21
Non-insane patients actually in hospitals on September 30, 1930:												
Mentally defective	12	8	20	41	27	68	5	4	9	1	1	2
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-
Others	12	8	20	5	3	8	2	2	4	2	7	9
Total	24	16	40	46	30	76	7	6	13	3	8	11

TABLE 119. — *General Statistics of All Hospitals Mental for Diseases, State of Massachusetts, for the Year ended September 30, 1930.* — Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1929	761	918	1,679	845	839	1,684	736	959	1,695	1,262	1,303	2,565
<i>Cases Admitted during Year.</i>												
Regular commitment cases:												
First Admissions	207	201	408	180	192	372	147	163	310	225	189	414
Readmissions	38	37	75	39	46	85	39	61	100	37	49	86
Total Admissions	245	238	483	219	238	457	186	224	410	262	238	500
Temporary care cases:												
First Admissions	4	8	12	10	8	18	2	3	5	14	6	20
Readmissions	1	1	2	6	—	6	—	2	2	2	1	3
Total Admissions	5	9	14	16	8	24	2	5	7	16	7	23
Observation cases:												
First Admissions	9	10	19	27	14	41	6	6	12	72	25	97
Readmissions	4	2	6	4	3	7	14	7	21	19	9	28
Total Admissions	13	12	25	31	17	48	20	13	33	91	34	125
Voluntary cases:												
First Admissions	—	—	—	2	2	4	1	1	2	1	3	4
Readmissions	—	1	1	5	1	6	5	1	6	—	1	1
Total Admissions	—	1	1	7	3	10	6	2	8	1	4	5
Total cases admitted by transfer during year	1	2	3	7	3	10	12	18	30	57	27	84
Total cases admitted during the year	264	262	526	280	269	549	226	262	488	427	310	737
Total cases under treatment during year	1025	1,180	2,205	1125	1,108	2,233	962	1,221	2,183	1,689	1,613	3,302
<i>Cases Discharged during Year.</i>												
Regular commitment cases:												
As recovered	34	23	57	29	20	49	43	57	100	4	8	12
As improved*	49	84	133	64	53	117	17	30	47	79	85	164
As unimproved*	10	10	20	7	6	13	12	14	26	37	16	53

As not insane Died	.	.	.	.	.	.	.	. 98	5 85	10 183		2 70	1 85	3 155	- 52	- 67	- 119	4 106	4 96	8 202
Total Discharges	.	.	.	.	.	.	.	196	207	403		172	165	337	124	168	292	230	209	439
Temporary care cases:																				
As recovered	.	.	.	.	.	.	.	-	-	-		5	1	6	-	-	-	2	1	3
As improved*	.	.	.	.	.	.	.	2	1	3		-	1	1	-	-	-	4	2	6
As unimproved*	.	.	.	.	.	.	.	1	4	5		5	1	6	2	3	5	1	3	4
As not insane	.	.	.	.	.	.	.	1	1	2		4	4	8	1	2	1	4	-	4
Died	.	.	.	.	.	.	.	1	2	3		2	1	3	-	2	2	4	1	5
Total Discharges	.	.	.	.	.	.	.	5	8	13		16	8	24	3	5	8	15	7	22
Observation cases:																				
As recovered	.	.	.	.	.	.	.	4	4	8		12	4	16	-	-	-	28	2	30
As improved*	.	.	.	.	.	.	.	3	-	3		2	3	5	-	1	1	12	7	19
As unimproved*	.	.	.	.	.	.	.	1	2	3		-	-	-	-	-	-	2	-	2
As not insane	.	.	.	.	.	.	.	2	2	4		11	7	18	19	10	29	36	19	55
Died	.	.	.	.	.	.	.	3	1	4		5	3	8	-	-	-	9	4	13
Total Discharges	.	.	.	.	.	.	.	13	9	22		30	17	47	19	11	30	87	32	119
Voluntary care cases:																				
As recovered	.	.	.	.	.	.	.	-	-	-		1	1	2	-	-	-	-	-	-
As improved*	.	.	.	.	.	.	.	1	-	1		-	-	-	-	-	-	-	1	1
As unimproved*	.	.	.	.	.	.	.	1	1	2		-	-	-	1	-	1	2	-	2
As not insane	.	.	.	.	.	.	.	-	-	-		3	1	4	3	-	3	1	1	2
Died	.	.	.	.	.	.	.	-	-	-		-	-	-	-	1	1	-	1	1
Total Discharges	.	.	.	.	.	.	.	2	1	3		4	2	6	4	1	5	3	3	6

*Excluding transfers.

TABLE 119. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930.* — Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	41	24	65	59	25	84	53	52	105	18	9	27
Total cases discharged during year	257	249	506	281	217	498	203	237	440	353	260	613
Patients on books September 30, 1930:												
Regularly committed cases	759	924	1,683	838	885	1,723	754	977	1,731	1,317	1,343	2,660
Temporary care cases	—	1	1	—	—	—	—	—	—	1	—	1
Observation cases	7	6	13	3	5	8	2	4	6	15	7	22
Voluntary cases	2	—	2	3	1	4	3	3	6	3	3	6
Total on books	768	931	1,699	844	891	1,735	759	984	1,743	1,336	1,353	2,689
Total number of patients actually in hospitals September 30, 1930	691	815	1,506	758	770	1,528	630	834	1,464	1,097	1,191	2,288
Daily average population (including patients on escape, on visit, and in family care)	781.3	935.8	1,717.1	832.23	872.65	1,704.88	738	63	944.68	1,305.31	1,336.93	2,642.24
Daily average population (excluding patients on escape, on visit, and in family care)	684.5	808.5	1,493.0	744.38	760.78	1,505.16	621.20	815.80	1,437.00	1,095.07	1,173.19	2,268.26
Rated capacity of the hospitals	718	942	1,660	584	590	1,174	566	667	1,233	1,128	1,024	2,152
Patients on visit September 30, 1929	95	146	241	86	85	171	82	102	184	113	133	246
Patients on visit September 30, 1930	64	110	174	82	117	199	111	134	245	173	141	314
Daily average number of patients on visit during year	82.5	120.9	203.4	84.61	106.78	191.39	100.16	112.33	212.49	149.33	144.75	294.08
Patients on escape September 30, 1929	15	—	15	2	—	2	4	4	8	49	6	55
Patients on escape September 30, 1930	13	—	13	4	—	4	6	2	8	65	7	72
Daily average number of patients on escape during year	12.2	—	12.2	3.25	—	3.25	5.92	2.34	8.26	60.08	6.83	66.91
Patients boarded out September 30, 1929	—	7	7	—	5	5	10	16	26	1	10	11
Patients boarded out September 30, 1930	—	6	6	—	4	4	12	14	26	1	14	15
Daily average number of patients boarded out during year	—	6.4	6.4	—	5.10	5.10	11.36	14.22	25.58	.83	12.16	12.99

Averages.

Ex-service men on books September 30, 1929	29	-	29	33	1	34	36	2	38	55	-	55
Ex-service men on books September 30, 1930	27	-	27	29	-	29	33	2	35	47	-	47
Daily average number on books during year	24.8	-	24.8	30.08	-	30.08	32.67	2.00	34.67	50	-	50
Daily average number actually in hospitals during year	15.4	-	15.4	28.03	-	28.03	30.42	2.00	32.42	45	-	45
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	608	595	1,203	704	642	1,346	519	515	1,034	1,009	1,038	2,047
Reimbursing	83	220	303	54	128	182	111	319	430	88	153	241
Ex-service patients for whom pay is received from the Federal Government	-	-	-	-	-	-	3	-	3	1	-	1
Non-insane patients actually in hospitals on September 30, 1929:												
Mentally defective	24	18	42	-	2	2	-	-	-	12	25	37
Epileptic	1	-	1	-	-	-	-	-	-	-	1	1
Others	-	4	4	1	-	1	4	6	10	8	3	11
Total	25	22	47	1	2	3	4	6	10	20	29	49
Non-insane patients actually in hospitals on September 30, 1930:												
Mentally defective	20	22	42	-	1	1	-	1	1	6	11	17
Epileptic	1	-	1	-	-	-	-	-	-	-	-	-
Others	11	12	23	12	7	19	13	11	24	25	26	51
Total	32	34	66	12	8	20	13	12	25	31	37	68

TABLE 119. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930. — Continued.*

	MONSON.			MCLEAN.			BRIDGEWATER.			TEWKSBURY.			U. S. VETERANS' No. 107.			U. S. VETERANS' No. 95.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1929	661	689	1,350	79	137	216	942	—	942	250	558	808	395	—	395	571	—	571
<i>Cases Admitted during Year.</i>																		
Regular commitment cases:																		
First admissions	30	18	48	20	37	57	53	—	53	30	18	48	16	—	16	32	—	32
Readmissions	13	9	22	7	7	14	12	—	12	1	1	2	36	—	36	43	—	43
Total Admissions	43	27	70	27	44	71	65	—	65	31	19	50	52	—	52	75	—	75
Temporary care cases:																		
First admissions	1	—	1	3	6	9	—	—	—	—	—	—	—	—	—	3	—	3
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Total admissions	1	—	1	3	6	9	—	—	—	—	—	—	1	—	1	3	—	3
Observation cases:																		
First admissions	—	—	—	—	1	1	12	—	12	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	11	—	11	—	—	—	1	—	1	—	—	—
Total Admissions	—	—	—	—	1	1	23	—	23	—	—	—	1	—	1	—	—	—
Voluntary cases:																		
First admissions	76	53	129	12	13	25	—	—	—	—	—	—	1	—	1	1	—	1
Readmissions	16	15	31	9	8	17	—	—	—	—	—	—	6	—	6	4	—	4
Total Admissions	92	68	160	21	21	42	—	—	—	—	—	—	7	—	7	5	—	5
Total cases admitted by transfer during year	—	1	1	4	6	10	7	—	7	4	20	24	125	—	125	23	—	23
Total cases admitted during the year	136	96	232	55	78	133	95	—	95	35	39	74	185	—	185	106	—	106
Total cases under treatment during year	797	785	1,582	134	215	349	1,037	—	1,037	285	579	882	531	—	531	677	—	677

Cases Discharged during Year.

Regular commitment cases:														
As recovered	2	2	4	9	20	29	4	—	4	—	—	2	—	3
As improved*	2	1	3	6	19	25	7	—	7	—	—	11	—	17
As unimproved*	2	1	3	1	8	9	3	3	3	—	—	3	—	8
As not insane	6	2	8	—	—	—	9	—	9	—	—	1	—	1
Died	17	18	35	4	8	12	40	—	40	—	—	5	—	15
Total Discharges	27	23	50	20	55	75	63	—	63	28	34	22	—	44
Temporary care cases:														
As recovered	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As improved*	—	—	—	1	2	3	—	—	—	—	—	—	—	—
As unimproved*	1	—	1	1	3	4	—	—	—	—	—	1	—	—
As not insane	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Total Discharges	1	—	1	3	6	9	—	—	—	—	—	1	—	3
Observation cases:														
As recovered	—	—	—	—	—	—	3	—	3	—	—	1	—	—
As improved*	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As unimproved*	—	—	—	—	—	—	3	—	3	—	—	—	—	—
As not insane	—	—	—	1	1	2	6	—	6	—	—	—	—	—
Died	—	—	—	—	—	—	8	—	8	—	—	—	—	—
Total Discharges	—	—	—	1	1	2	20	—	20	—	—	1	—	—
Voluntary care cases:														
As recovered	—	—	—	8	8	16	—	—	—	—	—	—	—	—
As improved*	7	5	12	4	7	11	—	—	—	—	—	3	—	1
As unimproved*	11	15	26	3	—	3	—	—	—	—	—	—	—	—
As not insane	18	13	31	3	3	6	—	—	—	—	—	—	—	—
Died	33	13	46	—	1	1	—	—	—	—	—	—	—	—
Total Discharges	69	46	115	18	19	37	—	—	—	—	—	4	—	2

*Excluding transfers.

TABLE 119. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1930. — Concluded.

	MONSON.		McLEAN.		BRIDGEWATER.		TEWKSBURY.		U. S. VETERANS' No. 107.		U. S. VETERANS' No. 95.							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Total cases discharged by transfer during year . . .	1	-	1	3	13	16	7	-	7	1	5	6	1	-	1	38	-	38
Total cases discharged during year . . .	98	69	167	45	94	139	90	-	90	29	39	68	29	-	29	87	-	87
Patients on books Sept. 30, 1930:																		
Regularly committed cases	281	280	561	75	109	184	792	-	792	256	558	814	545	-	545	587	-	587
Temporary care cases.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Observation cases . . .	-	-	-	-	-	-	155	-	155	-	-	-	-	-	-	-	-	-
Voluntary cases . . .	418	436	854	14	12	26	-	-	-	-	-	-	7	-	7	3	-	3
Total on books . . .	699	716	1,415	89	121	210	947	-	947	256	558	814	552	-	552	590	-	590
Total number of patients actually in hospitals Sept. 30, 1930: . . .	625	665	1,290	86	120	206	942	-	942	253	554	807	488	-	488	552	-	552
Averages.																		
Daily average population (including patients on escape, on visit, and in family care)	671.12	691.91	1,363.03	84.15	132.73	216.88	940	-	940	254.86	562.11	816.97	492	-	492	587	-	587
Daily average population (excluding patients on escape, on visit, and in family care)	596.86	637.39	1,234.25	81.67	131.03	212.70	938	-	938	246.09	556.30	802.39	450.91	-	450.91	548.41	-	548.41
Rated capacity of the hospitals	629	502	1,131	90	142	232	908	-	908	177	496	673	492	-	492	555	-	555
Patients on visit Sept. 30, 1929	57	44	101	5	4	9	2	-	2	2	8	10	29	-	29	24	-	24
Patients on visit Sept. 30, 1930	63	50	113	3	1	4	2	-	2	-	3	3	53	-	53	32	-	32
Daily average number of patients on visit during year	67.7	54.2	121.9	2.48	1.70	4.18	2	-	2	1.08	4.81	5.89	37.3	-	37.3	31	-	31

Patients on escape Sept. 30, 1929	8	-	8	-	-	3	-	3	9	1	10	10	-	10	7	-	7
Patients on escape Sept. 30, 1930	11	1	12	-	-	3	-	3	3	1	4	11	-	11	6	-	6
Daily average number of patients on escape during year	6.56	.32	6.88	-	-	3	-	3	7.69	1.00	8.69	6.5	-	6.5	7	-	7
Patients boarded out Sept. 30, 1929	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patients boarded out Sept. 30, 1930	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Daily average number of patients boarded out during year	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ex-service men on books Sept. 30, 1929	11	-	11	4	-	53	-	53	3	1	4	395	-	395	571	-	571
Ex-service men on books Sept. 30, 1930	12	-	12	6	-	55	-	55	3	1	4	552	-	552	590	-	590
Daily average number on books during year	9.24	-	9.24	5.80	-	56	-	56	3	1	4	492	-	492	587	-	587
Daily average number actually in hospitals during year	6.56	-	6.56	5.15	-	56	-	56	3	1	4	450.91	-	450.91	548.41	-	548.41
Support of patient population (exclusive of patients on escape and on visit):																	
Supported by the State	595	609	1,204	-	-	941	-	941	251	540	791	-	-	-	-	-	-
Reimbursing	30	56	86	86	120	1	-	1	2	14	16	-	-	-	-	-	-
Ex-service patients for whom pay is received from the Federal Government	1	-	1	-	-	3	-	3	1	-	1	552	-	552	590	-	590
Non-insane patients actually in hospitals on Sept. 30, 1929:																	
Mentally defective	-	-	-	-	-	32	-	32	-	-	-	-	-	-	2	-	2
Epileptic	262	255	517	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Others	1	1	2	4	1	4	-	4	9	21	30	4	-	4	3	-	3
Total	263	256	519	4	1	37	-	37	9	21	30	4	-	4	5	-	5
Non-insane patients actually in hospitals on Sept. 30, 1930:																	
Mentally defective	-	-	-	-	-	33	-	33	9	24	33	-	-	-	-	-	-
Epileptic	331	310	641	6	5	2	-	2	-	-	-	16	-	16	26	-	26
Others	2	2	4	6	5	16	-	16	-	-	-	-	-	-	-	-	-
Total	333	312	645	6	5	51	-	51	9	24	33	16	-	16	26	-	26

TABLE 120. — *Deportation of Insane, Mentally Defective and Epileptic from Public Institutions for the Year ended September 30, 1930.1*

	DEPARTMENT.			U. S. COMMISSION OF IMMIGRATION.			TOTALS.			TOTALS.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	1929	1930	In-creases	De-creases
Cases pending November 30, 1929	34	15	49	25	13	38	59	28	87	132	87	45	—
Since reported	98	62	160	34	21	55	132	83	215	174	215	41	—
Total cases under consideration	132	77	209	59	34	93	191	111	302	306	302	—	4
Deported	80	53	133	27	12	39	107	65	172	143	172	19	—
Viz.: Other states	61	45	106	—	—	—	61	45	106	91	106	15	—
Other countries	19	8	27	23	12	35	41	20	63	49	63	14	—
Special cases not landed under immigration laws and deported.	—	—	—	4	—	4	4	—	4	3	4	1	—
Discharged	7	1	8	—	1	1	7	2	9	17	9	—	8
Viz.: Care of friends.	1	1	2	—	1	1	1	2	3	12	3	—	9
Escaped	—	—	—	—	—	—	—	—	—	2	—	—	2
Transferred to Veterans Hospitals	6	—	6	—	—	—	6	—	6	3	6	3	—
Died	—	3	3	—	—	—	—	3	3	5	3	—	2
Dropped from further consideration	9	4	13	3	4	7	12	8	20	54	20	—	34
Viz.: Rejected by Commissioner of Immigration	—	—	—	2	4	6	2	4	6	2	6	4	—
Rejected by the Department	—	—	—	1	—	1	1	—	1	52	1	—	51
Total cases closed	96	61	157	30	17	47	126	78	204	219	204	—	15
Cases pending November 30, 1930	36	16	52	29	17	46	65	33	98	87	98	9	—
Viz.: Not in condition to deport	4	3	7	—	—	—	4	3	7	10	7	—	3
Awaiting action	30	10	40	26	13	39	56	23	79	69	79	10	—
On visit	1	2	3	—	4	4	1	6	7	5	7	2	—
On escape	1	1	2	3	—	3	4	1	5	3	5	2	—

1 Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veteran's Hospitals.

TABLE 121. — *Small Private Hospitals and Schools; Number under Care.*¹

	TOTALS.			INSANE.		SANE VOLUNTARY.	INEDRRIATE.	FEEBLE-MINLED.	TEMPORARY CARE.	NON-MENTAL.						
	M.	F.	T.	M.	F.						T.	M.	F.	T.		
Bournwood, George H. Torney, M.D.	4	9	13	4	8	12										
Channing Sanatorium, Donald Gregg, M.D.	8	28	36	1	17	18										
Herbert Hall Hospital, Walter C. Haviland, M.D.	1	5	6	1	5	6										
Wiswall Sanatorium, Harry O. Spalding, M.D.	6	21	27	5	20	25										
Dr. Reeves Nervine, Fred B. Jewett, M.D.		4	4		3	3										
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M.D.	12	30	42	6	24	30										
Glenside, Mabel D. Ordway, M.D.	2	37	39		20	20										
Knollwood, Earle E. Ressey, M.D.	1	6	7		4	4										
Westwood Lodge, William J. Hammond, M.D.	5	12	17	5	11	16										
Private Hospital, Frederick L. Taylor, M.D.	5		5													
Washington Home, Hugh Barr Gray, M.D.	7		7													
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M.D.	21	9	30													
Standish Manor, Miss Alice M. Myers		14	14													
Perkins School of Adjustment, Franklin H. Perkins, M.D.	15	21	36													
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	7	8													
The Freer School, Miss Cora E. Morse		8	8													
Clarke School, Miss Edith G. Clarke																
Glenn School, Mrs. Bernice G. McPhee	3	1	4													
Totals	91	212	303	22	112	134	7	16	23	39	54	93	1	10	30	40

¹Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 122. — *Country of Birth and Parentage of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Sex.*¹

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	2	8	2	1	14	—	—	14	—
Australia	6	1	14	15	—	13	13	—	12
Belgium	—	2	2	—	—	—	—	—	—
Canada ²	137	145	282	193	216	171	201	204	162
Central America	—	1	1	—	—	—	—	—	—
China	8	—	8	7	—	7	—	—	—
China	1	1	2	1	1	1	1	—	1
Czechoslovakia	—	2	2	—	—	—	—	—	—
Cuba	—	2	2	—	—	—	—	—	—
Denmark	3	1	4	—	3	3	3	—	—
England	51	47	98	79	77	56	74	78	54
Finland	10	12	22	14	13	13	17	16	16
France	2	1	3	4	4	3	6	—	—
Germany	11	9	20	29	27	25	22	19	18
Greece	25	7	32	24	24	23	10	7	—
Holland	2	1	3	3	3	2	1	1	1
Hungary	2	1	3	3	3	3	1	—	—
Ireland	98	154	252	295	309	266	323	326	288
Italy	68	38	106	96	94	94	63	61	59
Japan	—	1	1	—	—	—	—	—	—
Jugo-Slavia	2	1	3	1	1	1	1	2	1
Mexico	—	—	—	—	—	—	—	—	—
Norway	3	3	6	4	3	2	4	2	2
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	39	32	71	52	48	48	45	44	44
Portugal	35	14	49	45	46	45	22	22	21
Rumania	—	—	—	—	—	—	—	—	—
Russia	41	40	81	61	59	57	61	62	58
Scotland	12	22	34	28	27	21	44	29	23
Spain	1	—	1	1	—	1	1	—	—
Sweden	25	16	41	40	41	37	24	25	22
Switzerland	2	—	2	2	—	1	2	—	—
Turkey in Asia	1	—	1	—	1	—	—	—	—
Turkey in Europe	1	1	2	1	1	—	1	2	1
United States	1,011	519	1,930	507	476	421	466	462	390
Wales	—	2	2	—	—	—	—	—	—
West Indies ³	10	5	15	12	12	12	2	4	4
Other Countries ⁴	39	27	66	50	49	49	28	27	27
Unknown	11	7	18	87	97	79	74	95	68
Total	1,663	1,519	3,182	1,663	1,663	1,456	1,519	1,519	1,289

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.²Includes Newfoundland.³Except Cuba and Porto Rico.⁴Includes Europe and Asia not specified: also born at sea.

TABLE 123. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born, and Sex. — Concluded.*

AGE GROUPS.		FOREIGN BORN.										NATIVITY UNKNOWN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		TIME IN UNITED STATES BEFORE ADMISSION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		TOTAL.	UNDER 5 YEARS.		5-9 YEARS.		10-14 YEARS.		15 YEARS AND OVER.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
			M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.		T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Under 15 years	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

TABLE 124. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born, and Sex.*

AGE AT ADMISSION.	AGGREGATE.			TOTAL.			NATIVE BORN.											
							NATIVE.			FOREIGN.			MIXED.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	38	41	79	36	38	74	9	12	21	16	18	34	10	7	17	1	1	2
15-19 years	75	124	199	69	107	176	16	36	52	31	45	76	20	25	45	2	1	3
20-24 years	104	103	207	86	80	166	32	25	57	34	30	64	18	21	39	2	4	6
25-29 years	130	96	226	95	71	166	37	19	56	41	35	76	16	15	31	1	2	3
30-34 years	183	112	295	127	75	202	45	23	68	53	30	83	26	22	48	3	-	3
35-39 years	185	123	308	98	76	174	49	30	79	28	26	54	19	17	36	2	3	5
40-44 years	171	93	264	86	37	123	31	18	53	35	14	49	15	5	20	1	1	7
45-49 years	158	76	234	78	43	121	31	19	50	27	12	39	14	11	25	6	1	7
50-54 years	103	84	187	55	35	90	22	17	39	22	9	31	8	9	19	1	2	3
55-59 years	103	91	194	54	32	86	22	14	36	22	8	20	3	2	2	2	1	1
60-64 years	57	29	86	29	19	48	17	8	25	12	6	13	3	1	4	1	-	1
65-69 years	32	21	53	18	12	30	8	4	12	5	1	4	1	-	1	-	-	-
70-74 years	15	10	25	8	3	11	3	2	5	3	1	1	1	-	-	-	-	-
75-79 years	8	11	19	5	4	11	5	5	10	3	1	1	1	-	-	-	-	-
80-84 years	1	4	5	-	4	4	2	3	3	-	-	-	-	-	-	-	-	-
85-89 years	2	2	4	2	2	2	2	1	1	-	-	-	-	-	-	-	-	-
90 years and over	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Total	1,365	991	2,356	846	639	1,485	333	236	569	330	244	574	160	144	304	23	15	38

TABLE 124. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born, and Sex. — Concluded.

AGE AT ADMISSION.	TOTAL.	FOREIGN BORN.										NATIVITY UNKNOWN.						
		TIME IN THE UNITED STATES BEFORE ADMISSION.																
		UNDER 5 YEARS.			5-9 YEARS.			10-14 YEARS.			15 YEARS AND OVER.							
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.	T.				
Under 15 years	2	3	5	1	4	5	1	2	2	1	1	1	1	1	1			
15-19 years	6	17	23	1	4	5	1	4	4	2	2	9	11	1	1			
20-24 years	18	23	41	4	5	9	4	5	4	8	14	14	22	1	1			
25-29 years	35	25	60	9	4	13	3	5	3	8	19	17	36	1	1			
30-34 years	56	37	93	3	3	6	10	8	18	4	4	38	29	67	1			
35-39 years	87	47	134	3	2	5	4	2	6	5	1	72	41	113	3			
40-44 years	85	56	141	2	1	3	3	4	7	2	2	78	49	127	1			
45-49 years	80	33	113	1	1	2	2	1	3	4	1	77	30	107	2			
50-54 years	48	49	97	1	1	2	2	1	3	4	1	43	47	90	1			
55-59 years	49	29	78	2	1	3	1	1	1	1	1	46	27	73	1			
60-64 years	28	10	38	—	—	—	—	—	—	—	—	28	10	38	—			
65-69 years	14	9	23	—	—	—	—	—	—	—	—	14	9	23	—			
70-74 years	7	7	14	—	—	—	—	—	—	—	—	7	7	14	—			
75-79 years	3	5	8	—	—	—	—	—	—	—	—	3	5	8	—			
80-84 years	1	1	2	—	—	—	—	—	—	—	—	1	1	2	—			
85-89 years	—	2	2	—	—	—	—	—	—	—	—	—	2	2	—			
90 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	519	352	871	27	18	45	31	31	62	16	2	18	436	297	733	9	4	13

TABLE 125. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	16	16	—	—	1	—	1	—	—	—
Senile	105	173	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	279	229	—	—	—	—	—	—	—	—
General paralysis	185	46	2	—	1	—	4	1	4	1
With cerebral syphilis	13	8	—	—	—	—	1	—	1	—
With Huntington's chorea	5	3	—	—	—	—	—	—	—	—
With brain tumor	2	4	1	—	—	—	—	—	—	—
With other brain or nervous diseases	33	36	1	3	1	2	6	2	—	3
Alcoholic	177	28	—	—	1	—	1	—	5	—
Due to drugs and other exogenous toxins	8	14	—	—	—	—	—	—	—	—
With pellagra	2	1	—	—	—	—	—	—	—	—
With other somatic diseases	44	69	—	—	—	—	2	9	—	5
Manic-depressive	143	212	1	—	4	13	20	26	12	21
Involution melancholia	32	63	—	—	—	—	—	—	—	33
Dementia praecox	324	334	—	—	34	26	63	46	75	51
Paranoia or paranoid conditions	31	56	—	2	—	60	—	109	—	126
Epileptic psychoses	19	15	—	—	—	—	—	—	1	2
Psychoneuroses and neuroses	15	22	—	—	2	—	1	2	3	3
With psychopathic personality	14	15	—	—	2	2	2	1	1	4
With mental deficiency.	71	79	1	3	10	10	15	11	9	3
Undiagnosed psychoses.	82	64	—	—	8	6	7	6	11	6
Without psychoses	44	28	11	8	—	14	2	5	4	7
Diagnosis deferred	19	20	—	—	1	—	1	1	2	2
Total	1,663	1,519	17	16	73	65	127	115	129	108
		3,182	33		138		242		237	

TABLE 125. — *Admission Ages by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.* — Continued.

	30-34 YEARS.			35-39 YEARS.			40-44 YEARS.			45-49 YEARS.			50-54 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	1	—	1	3	—	3	2	—	2	1	—	1	5	—	5
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	17	2	19	23	1	24	35	5	40	42	10	52	16	10	26
With cerebral syphilis	1	2	3	2	—	2	1	—	1	—	2	2	2	7	26
With Huntington's chorea	—	—	—	1	—	1	1	—	—	1	2	3	1	1	3
With brain tumor	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—
With other brain or nervous diseases	—	3	3	2	3	5	3	3	6	6	5	11	4	5	9
Alcoholic	15	1	16	38	3	41	22	2	24	28	4	32	23	2	27
Due to drugs and other exogenous toxins	1	2	3	4	2	6	2	—	2	1	1	2	—	2	—
With pellagra	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—
With other somatic diseases	4	4	8	4	8	12	5	6	11	6	6	12	2	8	10
Manic-depressive	11	28	39	21	32	53	19	20	39	22	28	50	17	23	40
Involution melancholia	—	2	2	1	4	5	1	3	4	8	14	22	6	19	25
Dementia praecox	50	51	101	38	49	87	21	29	50	16	40	56	17	23	40
Paranoia or paranoid conditions	4	8	12	5	4	9	5	12	17	8	11	19	3	9	12
Epileptic psychoses	3	1	4	4	4	8	2	3	5	—	2	2	—	—	—
Psychoneuroses and neuroses	6	3	9	1	2	3	2	3	5	1	1	2	—	2	2
With psychopathic personality	2	—	2	4	2	6	1	1	2	1	2	3	1	—	1
With mental deficiency	9	13	22	6	9	15	8	8	16	6	7	13	2	1	3
Undiagnosed psychoses	10	9	19	10	9	19	11	7	18	6	4	10	6	11	17
Without psychoses	3	2	5	6	4	10	2	2	6	4	4	4	3	—	3
Diagnosis deferred	2	—	2	2	3	5	—	5	5	1	3	4	3	1	4
Total	139	127	266	176	146	322	146	112	258	165	145	310	131	129	260

TABLE 125. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930,
by Psychoses and Sex. — Concluded.

PSYCHOSES.	55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	1	9	10	12	12	24	21	15	36	17	44	61	24	40	64	29	50	79
With cerebral arteriosclerosis	28	25	53	31	34	65	54	40	94	61	46	107	39	28	67	43	41	84
General paralysis	16	6	22	14	5	19	5	2	7	2	—	2	1	—	—	—	—	—
With cerebral syphilis	3	2	5	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
With brain tumor	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	2	4	4	3	7	2	—	2	2	—	2	—	—	—	—	—	—
With alcohol	22	5	27	8	4	12	10	5	15	3	3	3	1	—	1	—	1	1
Due to drugs and other exogenous toxins	—	3	3	—	—	—	—	2	2	—	2	2	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
With other somatic diseases	6	8	14	4	8	12	2	6	8	4	1	5	1	—	1	3	—	3
Manic-depressive	6	8	14	1	7	8	8	6	14	1	—	1	—	—	—	—	—	—
Involution melancholia	5	11	16	7	8	15	2	2	4	2	—	2	—	—	—	—	—	—
Dementia praecox	5	13	18	4	3	7	1	1	2	2	—	2	—	—	—	—	—	—
Paranoia or paranoid conditions	3	8	11	—	3	3	—	2	2	1	1	1	—	—	—	—	—	—
Epileptic psychoses	1	—	1	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	1	2	2	1	1	2	—	1	1	—	—	—	—	—	—	—	1	1
With psychopathic personality	3	1	2	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	3	4	1	2	3	—	3	3	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	5	3	8	3	3	5	3	1	4	1	1	1	1	—	1	—	—	—
Without psychoses	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	2	—	2	4	1	5	—	3	3	1	1	2	—	—	—	—	—	—
Total	111	114	225	101	94	195	109	92	201	97	94	191	67	69	136	175	93	168

TABLE 126. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	17	1	18	-	-	-	-	-	-	2	4	4	1	-	1
Senile	3	11	14	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	61	47	108	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	57	10	67	-	-	1	-	-	-	1	10	10	13	3	16
With cerebral syphilis	7	1	8	-	-	-	-	-	-	-	1	1	1	-	1
With Huntington's chorea	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	5	2	7	1	-	1	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	40	28	68	4	3	7	5	-	-	1	2	3	2	2	4
Alcoholic	204	22	226	-	-	1	-	3	1	15	32	33	36	5	41
Due to drugs and other exogenous toxins	20	12	32	-	-	1	-	3	2	3	9	1	4	3	7
With other somatic diseases	23	35	58	-	-	1	-	2	3	6	7	7	2	4	6
Manic-depressive	164	176	340	1	1	2	6	7	13	24	25	49	17	22	39
Involution melancholia	22	20	42	-	-	-	-	-	-	-	-	-	1	1	2
Dementia praecox	148	108	256	-	1	1	14	5	19	30	24	49	18	15	33
Paranoia or paranoid conditions	23	29	52	-	-	-	1	-	1	11	4	8	5	2	6
Epileptic psychoses	17	16	33	-	-	1	1	-	1	2	4	5	2	6	8
Psychoneuroses and neuroses	48	36	84	-	-	3	8	7	12	5	10	12	9	4	13
With psychopathic personality	8	14	22	-	-	3	3	3	4	3	3	3	2	1	3
With mental deficiency	17	28	45	-	2	2	3	6	9	2	3	6	5	2	7
Undiagnosed psychoses	107	133	240	2	4	6	9	21	30	9	22	38	16	29	45
Without psychoses	330	243	573	32	30	62	34	80	114	31	35	54	47	18	65
Without psychoses	43	19	62	1	2	3	2	4	6	6	4	2	5	1	6
Diagnosis deferred															
Total	1,365	991	2,356	38	41	79	75	124	199	130	96	226	183	112	295
													185	123	308

TABLE 127. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Hospital and Sex.*

HOSPITALS.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.									
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
Boston State	184	201	385																					
Boston Psychopathic	92	74	166																					
Danvers	266	236	502																					
Foxborough	83	85	168																					
Gardner	21	31	52																					
Grafton	25	11	36																					
Medfield	68	72	140																					
Northampton	207	201	408																					
Taunton	180	192	372																					
Westborough	147	163	310																					
Worcester	225	189	414																					
Tewksbury	30	18	48																					
Bridgewater	53	—	53																					
Monson	14	9	23																					
McLean	20	37	57																					
U. S. Veterans' No. 107	16	—	16																					
U. S. Veterans' No. 95	32	—	32																					
Total	1,663	1,519	3,182	17	16	33	73	65	138	127	115	242	129	108	237	139	127	266	176	146	322	146	112	238

TABLE 127. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Hospital and Sex. — Concluded.*

HOSPITALS.	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	16	10	26	9	16	25	22	20	42	15	20	35	18	19	37	14	12	26	11	15	26	9	19	28
Boston Psychopathic	15	6	21	8	9	17	4	8	12	1	—	1	16	10	26	—	—	—	—	—	—	—	—	—
Danvers	30	22	52	17	22	39	21	14	35	20	18	38	16	10	26	19	21	40	10	13	23	12	12	24
Foxborough	10	13	23	6	7	13	3	6	2	4	7	11	8	3	11	2	10	12	4	3	7	2	7	9
Gardner	1	3	4	1	2	3	2	2	2	1	4	5	1	1	2	2	2	4	4	5	9	3	—	3
Grafton	4	1	5	1	1	2	2	2	2	—	—	—	2	2	4	2	2	4	4	5	9	3	—	3
Medfield	9	8	17	6	4	10	4	3	7	2	1	3	2	3	5	1	4	2	6	1	—	2	3	5
Northampton	14	21	35	16	14	30	12	13	25	14	18	32	14	13	27	15	8	23	15	8	17	15	11	26
Taunton	13	16	29	12	19	31	10	19	29	14	11	25	18	14	32	12	13	25	12	10	22	10	15	25
Westborough	16	22	38	20	13	33	9	16	25	4	4	8	13	11	24	17	10	27	7	6	13	8	12	20
Worcester	27	21	48	21	17	38	13	10	23	17	10	27	14	11	25	8	13	21	6	8	14	13	12	25
Tewksbury	4	—	4	7	—	4	6	1	2	6	1	7	1	1	2	—	1	1	1	1	—	—	—	—
Bridgewater	1	—	1	5	—	5	4	4	8	4	2	2	1	—	—	1	—	—	—	—	—	—	—	—
Monson	—	—	—	—	—	—	4	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	2	5	7	3	2	5	1	—	—	2	4	6	2	2	4	3	—	—	1	2	3
U. S. Veterans' No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	165	145	310	131	129	260	111	114	225	101	94	195	109	92	201	97	94	191	67	69	136	75	93	168

TABLE 128. — *Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Nativity and Sex.*

NATIVITY.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	2	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Austria	6	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	137	145	—	—	1	2	4	7	6	4	5	10	10	11	9	10
Central America	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Czechoslovakia	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	51	47	—	—	—	—	1	1	5	2	1	3	4	1	5	4
Finland	10	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	11	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	25	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	98	154	—	—	—	—	3	2	4	7	8	5	3	10	7	15
Italy	68	38	—	—	—	—	1	1	1	3	4	9	10	8	14	4
Japan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Norway	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	39	32	—	—	—	—	1	2	3	1	5	5	11	9	3	4
Portugal	35	14	—	—	—	—	2	—	2	2	3	—	6	2	8	7
Rumania	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	41	40	—	—	—	—	1	3	2	4	3	4	9	6	15	8
Scotland	12	22	—	—	—	—	—	—	—	—	—	—	3	—	3	1
Spain	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	25	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Switzerland	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Europe	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States	1,011	919	17	15	70	54	109	94	96	81	87	80	96	81	70	61
Wales	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ²	10	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Countries ³	39	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	11	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,663	1,519	17	16	73	65	127	115	129	108	139	127	176	146	146	112

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at s.e.a.

TABLE 128. — *Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Nativity and Sex — Concluded.*

NATIVITY.	45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80 YRS. AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Austria	2	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—
Belgium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	14	12	9	17	26	—	12	12	24	—	15	13	8	14	16	11
Central America	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Czecho Slovakia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	1	1	2	—	1	1	—	—	—	—	—	—	—	—
England	4	4	2	7	9	—	9	3	12	4	5	7	12	5	3	8
Finland	1	3	4	—	1	1	1	1	—	—	—	—	1	1	1	—
France	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	1	2	3	1	1	—	—	2	2	1	2	1	—	—	—	—
Greece	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	12	16	8	20	28	—	16	8	24	11	9	13	4	7	11	4
Italy	13	—	10	4	14	—	2	3	5	2	2	1	3	2	1	3
Japan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Norway	—	—	2	1	3	—	1	1	—	—	—	—	—	—	—	—
Poland	8	2	10	2	3	5	2	1	3	1	1	1	2	—	—	—
Portugal	7	2	9	5	2	4	—	2	2	—	—	—	1	1	—	1
Rumania	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	9	5	14	2	2	4	1	—	1	1	2	1	3	1	2	—
Scotland	—	4	4	1	—	1	2	1	3	1	1	1	5	6	—	4
Spain	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	3	4	7	6	3	9	2	3	5	3	1	1	2	3	—	—
Switzerland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Europe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States	77	81	158	71	65	136	50	57	107	61	55	54	109	41	34	75
Wales	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ²	2	1	3	2	—	2	—	1	1	1	—	—	—	—	—	—
Other Countries ³	5	5	10	4	—	—	1	1	1	2	—	—	—	—	—	—
Unknown	1	1	2	1	—	2	—	—	—	—	2	—	—	—	2	2
Total	165	145	310	131	129	260	101	94	195	109	92	201	97	94	191	136

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at sea.

TABLE 129. — *Psychoses of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Hospital and Sex.*

PSYCHOSES.	TOTAL ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHIOPATHIC.			DANVERS.			FOXBOROUGH.		
	M.	F.	T.	%.		M.	F.	T.	%.	M.	F.	T.	M.	F.	T.
Traumatic	16	—	16	.5		2	—	2	1.2	1	—	—	—	—	—
Senile	105	173	278	8.7		9	36	45	11.7	18	35	53	5	14	19
With cerebral arteriosclerosis	279	229	508	15.9		56	47	103	26.8	56	31	87	10	13	23
General paralysis	185	46	231	7.3		19	6	25	6.5	25	7	32	6	4	10
With cerebral syphilis	13	8	21	.7		1	—	1	.3	1	—	—	—	—	—
With Huntington's chorea	5	3	8	.3		—	—	—	—	—	—	—	—	—	—
With brain tumor	2	4	6	.2		—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	33	36	69	2.2		3	6	9	1.3	1	—	—	—	—	—
Alcoholic	177	28	205	6.4		12	6	18	4.7	26	4	31	2	5	8
Due to drugs and other exogenous toxins	8	14	22	.7		—	2	2	.5	—	—	—	—	—	—
With pellagra	2	1	3	.1		—	—	—	—	—	—	—	—	—	—
With other somatic diseases	44	69	113	3.6		4	7	11	2.9	5	7	12	—	—	—
Manic-depressive	143	212	355	11.1		25	37	62	16.1	16	27	43	13	10	23
Involution melancholia	32	63	95	3.0		2	5	7	1.8	2	10	12	2	4	5
Dementia praecox	324	334	658	20.7		12	4	16	4.2	55	52	107	21	3	26
Paranoia or paranoid conditions	31	50	81	2.7		5	18	23	5.9	9	1	10	3	2	4
Epileptic psychoses	19	15	34	1.1		1	2	3	.8	8	1	9	1	2	3
Psychoneuroses and neuroses	13	22	37	1.1		3	4	7	1.8	3	6	9	2	2	4
With psychopathic personality	14	15	29	.9		—	—	—	.6	2	2	2	1	1	2
With mental deficiency	71	79	150	4.7		5	9	14	3.6	12	24	36	7	3	11
Undiagnosed psychoses	101	84	185	5.8		24	8	32	8.3	19	22	41	8	1	2
Without psychoses	44	28	72	2.3		1	1	2	.5	2	—	—	1	—	—
Total	1,663	1,519	3,182	100.0		184	201	385	100.0	266	236	502	100.0	83	85
						92	74	166							168
									100.0						100.0

TABLE 129. — *Psychoses of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1920, by Hospital and Sex. — Concluded.*

PSYCHOSES	WORCESTER.			MONSON.			MCLEAN.			BRIDGEWATER.			TEWKSBURY.			U. S. VETERANS' No. 107.			U. S. VETERANS' No. 95.							
	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%	M. F. T.		%					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Traumatic	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—					
Senile	18	25	43	—	1	2	—	3.5	—	—	—	—	—	—	—	—	—	—	—	—						
With cerebral arteriosclerosis	36	25	61	—	7	3	10	17.5	—	—	—	—	—	—	—	—	—	—	—	—						
General paralysis	24	7	31	—	2	—	—	3.5	—	—	—	—	—	—	—	—	—	—	—	—						
With cerebral syphilis	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With other brain or nervous diseases	4	7	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Alcoholic	34	3	37	—	2	—	2	3.5	—	—	—	—	—	—	—	2	—	2	—	—						
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With other somatic diseases	9	9	18	—	1	2	—	3.5	—	—	—	—	—	—	—	—	—	—	—	—						
Manic-depressive	9	21	30	—	6	22	28	49.1	—	—	—	—	—	—	—	—	—	—	—	—						
Involution melancholia	5	8	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Dementia praecox	44	39	83	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Paranoia or paranoid conditions	8	16	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Epileptic psychoses	1	3	4	—	—	—	—	1.8	—	—	—	—	—	—	—	—	—	—	—	—						
Psychoneuroses and neuroses	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With psychopathic personality	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
With mental deficiency	7	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Undiagnosed psychoses	11	14	25	—	—	—	—	8.7	—	—	—	—	—	—	—	—	—	—	—	—						
Without psychoses	4	3	7	14	9	23	100.0	1.8	8	—	—	—	—	—	—	—	—	—	—	—						
Total	225	189	414	100.0	14	9	23	100.0	20	37	57	100.0	53	—	53	30	18	48	100.0	16	—	16	32	—	32	100.0

TABLE 130. — *Alcoholic Habits of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		ABSTINENT.		TEMPORATE.		INTERTEMPERATE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	16	—	5	—	5	—	6	—	—	—
Senile	105	173	56	143	33	12	12	4	4	14
With cerebral arteriosclerosis	279	229	136	193	68	23	51	7	24	6
General paralysis	185	46	73	32	61	7	42	7	9	—
With cerebral syphilis	13	8	3	6	5	1	5	1	—	—
With Huntington's chorea	5	3	1	3	2	—	2	—	—	—
With brain tumor	2	4	2	4	—	—	—	—	—	—
With other brain or nervous diseases	33	36	18	27	12	6	2	3	1	—
Alcoholic	177	28	—	—	—	—	177	28	—	—
Due to drugs and other exogenous toxins	8	14	1	9	2	4	5	1	—	—
With pellagra	2	1	—	—	—	—	—	—	—	—
With other somatic diseases	44	69	17	56	16	7	2	4	—	—
Manic-depressive	143	212	64	175	39	30	25	3	2	4
Involution melancholia	32	63	22	49	6	10	4	1	5	3
Dementia praecox	324	334	193	278	81	39	38	6	12	11
Paranoia or paranoid conditions	31	56	16	41	11	10	4	3	2	2
Epileptic psychoses	19	15	12	10	6	3	9	1	—	1
Psychoneuroses and neuroses	15	22	7	18	3	4	2	—	2	2
With psychopathic personality	14	15	5	6	6	7	6	—	—	—
With mental deficiency	71	79	47	72	13	3	9	—	2	4
Undiagnosed psychoses	82	64	43	52	20	7	17	3	2	2
Without psychoses	44	28	24	23	6	3	13	2	1	—
Diagnosis deferred	19	20	6	15	2	1	10	1	1	3
Total	1,663	1,519	751	1,213	405	177	442	75	65	54
		3,182		1,964	582		517		119	

TABLE 131. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

RACE.	TOTAL.		TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.		WITH HUNTINGTON'S CHOREA.		WITH BRAIN TUMOR.			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
African (black)	53	39	92	2	6	6	4	10	11	2	13	1	1	2	1	1	1	
American Indian	2	2	11	1	2	1	1	1	1	1	1	1	1	1	1	1	1	
Armenian	9	1	10	1	1	1	1	1	4	4	4	1	1	1	1	1	1	
Bulgarian	10	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Chinese	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cuban	3	4	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Dutch and Flemish	307	357	664	27	49	76	75	151	34	13	47	1	2	3	1	1	1	
English	13	16	29	1	1	2	1	1	15	6	21	2	2	2	1	1	1	
Finnish	116	99	215	11	11	22	12	15	27	3	7	2	1	3	1	1	1	
French	27	26	53	1	6	7	4	3	2	2	7	1	1	1	1	1	1	
German	26	8	34	1	1	2	2	1	5	5	5	1	1	1	1	1	1	
Greek	57	56	113	1	1	2	4	5	26	6	32	3	2	5	1	2	2	
Hebrew	348	373	721	28	40	68	65	131	14	14	14	2	2	2	1	2	2	
Irish	97	63	160	4	2	3	6	12	14	14	14	1	1	1	1	1	1	
Italian ¹	1	1	2	1	1	1	1	1	2	2	2	1	1	1	1	1	1	
Japanese	22	10	32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Lithuanian	3	3	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Magyar	46	22	68	2	1	3	2	1	10	4	14	1	1	1	1	1	1	
Portuguese	49	27	76	2	2	7	2	2	6	1	7	1	1	1	1	1	1	
Scandinavian ²	30	35	65	3	8	11	8	4	12	5	5	1	1	1	1	1	1	
Scotch	77	66	143	1	2	3	5	1	5	5	5	1	1	1	1	1	1	
Slavonic ³	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Spanish	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Spanish American	5	8	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Syrian	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Turkish	2	2	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Welsh	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
West Indian ⁴	9	5	14	1	1	1	1	1	3	3	3	1	1	1	1	1	1	
Other specific races	59	65	124	6	7	13	16	10	26	3	6	1	1	1	1	1	1	
Race unknown	292	231	523	19	31	50	65	37	102	32	10	42	3	3	1	1	1	
Mixed	1,663	1,519	3,182	105	173	278	279	229	508	185	46	231	13	8	21	5	3	8
Total	1,663	1,519	3,182	16	16	16	279	229	508	185	46	231	13	8	21	5	3	8

¹Includes "North" and "South".²Includes Norwegian, Danes and Swedes.³Includes Bohemian, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 131. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.* — Continued.

RACE.	WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUG AND OTHER POISONOUS TONICS.			WITH PELLAGRA.			WITH OTHER SOMATIC DISEASES.			MANIC- DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRAECOX.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	3	5	5	1	6	—	—	—	—	—	—	3	1	4	1	3	4	—	—	—	9	10	19
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	10	5	15	18	2	20	2	1	3	1	1	1	7	11	18	30	52	82	8	19	27	51	75	126
Finnish	—	1	1	4	1	5	—	—	—	—	—	—	6	5	11	1	2	3	1	3	4	2	6	8
French	2	5	7	15	3	18	—	—	—	—	—	—	—	—	—	6	10	16	1	3	4	22	20	42
German	—	—	—	4	—	4	1	—	1	—	—	—	—	—	—	3	6	9	—	—	—	3	2	5
Greek	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	4	4	4	—	—	—	8	2	10
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	16	27	—	—	—	17	17	34
Irish	5	4	9	61	13	74	2	8	10	1	—	—	6	20	26	25	48	73	10	19	29	63	81	144
Italian ¹	3	2	5	7	—	7	—	—	—	—	—	—	1	7	8	5	9	14	—	—	—	23	16	39
Japanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	2	2	3	—	3	—	—	—	—	—	—	—	—	—	6	2	8	1	1	2	9	6	15
Scotch	1	2	3	2	—	2	—	—	—	—	—	—	—	—	—	7	12	19	2	2	4	12	9	21
Slavonic ³	1	2	3	23	3	26	1	1	2	—	—	—	2	3	5	—	7	17	1	3	4	5	5	10
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	8	17	—	—	—	17	24	41
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	—	—	5	2	7	—	—	—	—	—	—	3	2	5	—	11	14	—	—	—	1	2	3
Mixed	2	10	12	17	2	19	1	2	3	—	—	—	10	12	22	30	25	55	4	7	11	54	38	92
Total	33	36	69	177	28	205	8	14	22	2	1	3	44	69	113	143	212	355	32	63	95	324	334	658

¹Includes "North" and "South".²Includes Norwegian, Danes and Swedes.³Includes Bohemian, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 131. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex. — Concluded.*

RACE.	PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.			PSYCHONEUROSES AND NEUROSES.			WITH PSYCHO- PATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES.			WITHOUT PSYCHOSES.			DIAGNOSIS DEFERRED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	2	3	2	1	3	1	—	1	—	1	1	1	1	1	3	6	3	3	—	3	2	—	2
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Armenian	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	4	4	8	4	2	6	3	9	12	—	—	11	18	29	—	—	—	—	—	—	—	5	1	6
Finnish	—	1	1	—	—	—	—	—	—	—	—	1	1	2	3	2	2	2	2	—	—	1	—	1
French	—	1	2	2	3	5	1	—	1	—	—	6	8	14	—	—	—	—	—	—	—	1	—	1
German	1	2	3	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	4	3	7
Greek	2	—	2	—	—	—	1	—	1	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—
Hebrew	1	1	2	2	—	—	—	2	2	—	—	1	4	5	—	—	—	—	—	—	—	1	—	—
Irish	5	21	26	3	6	9	2	5	7	3	2	16	8	24	5	12	27	7	5	12	—	2	2	—
Italian ¹	4	2	6	1	—	—	1	—	1	—	—	11	6	17	—	—	—	—	—	—	—	2	1	3
Japanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	2	—	2	—	—	—	—	—	—	1	—	5	2	7	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	3	—	3	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	1	—	—
Scotch	—	—	—	—	—	—	—	1	1	—	—	1	1	1	—	—	—	—	—	—	—	1	1	—
Slavonic ³	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish	1	2	3	2	—	2	—	—	—	1	1	2	4	2	6	2	5	7	1	4	5	1	4	5
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	4	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Mixed	6	13	19	2	2	4	1	5	10	3	5	8	9	14	23	8	7	15	3	1	4	1	1	2
Total	31	56	87	19	15	34	15	22	37	14	15	29	71	79	150	82	64	146	44	28	72	19	20	39

¹Includes "North" and "South".²Includes Norwegian, Danes and Swedes.³Includes Bohemian, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 132. — *Race of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, by Sex.*

RACE.	TOTAL.		
	M.	F.	T.
African (black)	40	44	84
American Indian	1	—	1
Armenian	15	—	15
Bulgarian	1	—	1
Chinese	13	—	13
Cuban	1	—	1
Dutch and Flemish	—	2	2
East Indian	5	—	5
English	177	168	345
Finnish	11	4	15
French	59	43	102
German	21	14	35
Greek	14	7	21
Hebrew	84	74	158
Irish	356	249	605
Italian ¹	132	65	197
Japanese	1	1	2
Lithuanian	18	17	35
Magyar	1	—	1
Mexican	1	—	1
Pacific Islander	—	1	1
Portuguese	15	15	30
Scandinavian ²	37	26	63
Scotch	29	19	48
Slavonic ³	62	35	97
Spanish	1	2	3
Spanish American	1	—	1
Syrian	5	5	10
Turkish	—	1	1
Welsh	—	1	1
Other specific races	3	—	3
Race unknown	58	42	100
Mixed	203	156	359
Total	1,365	991	2,356

¹Includes "North" and "South".²Includes Norwegian, Danes and Swedes.³Includes Bohemian, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 133. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases, 1930, by Form of Admission and Sex, Number and Percentage Distribution.*

	ADMISSIONS.						CITIZENS BY BIRTH.				CITIZENS BY NATURALIZATION.				ALIENS.				CITIZENSHIP UNKNOWN.					
	TOTAL.		M.		F.		M.		F.		T.		M.		F.		T.		M.		F.		T.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Number.</i>																								
First Admissions	1,663	1,519	3,182	1,011	919	1,930	1,011	919	1,930	240	205	445	296	275	571	116	120	236						
Readmissions	396	386	782	265	243	508	265	243	508	54	56	110	54	71	125	23	16	39						
Temporary Care	1,365	991	2,356	846	639	1,485	846	639	1,485	242	140	382	209	147	356	63	65	133						
Voluntary Admissions	187	134	321	149	113	262	149	113	262	26	9	35	9	9	18	3	3	6						
Transfers	387	240	627	278	147	425	278	147	425	46	32	78	51	56	107	12	5	17						
Others ¹	29	18	47	28	13	41	28	13	41	1	4	5	—	1	1	—	—	—						
Total	4,027	3,288	7,315	2,577	2,074	4,651	2,577	2,074	4,651	609	446	1,055	619	559	1,178	222	209	431						
<i>Percent.</i>																								
First Admissions	41.1	46.2	43.5	39.2	44.3	41.5	39.2	44.3	41.5	39.4	45.9	42.2	47.9	49.2	48.4	52.2	57.4	54.7						
Readmissions	9.9	11.7	10.7	10.3	11.7	10.9	10.3	11.7	10.9	8.9	12.6	10.5	8.8	12.7	10.6	10.4	7.7	9.3						
Temporary Care	33.9	30.2	32.2	32.8	30.8	31.9	32.8	30.8	31.9	39.7	31.4	36.2	33.6	26.3	30.4	30.6	31.1	30.7						
Voluntary Admissions	4.7	4.1	4.4	5.8	5.5	5.6	5.8	5.5	5.6	4.3	2.0	3.2	1.5	1.6	1.5	1.4	1.4	1.4						
Transfers	9.7	7.3	8.6	10.8	7.1	9.2	10.8	7.1	9.2	7.5	7.2	7.4	8.2	10.0	9.0	5.4	2.4	3.9						
Others ¹ . . . . .	.7	.5	.6	1.1	.6	.9	1.1	.6	.9	.2	.9	.5	—	.2	.1	—	—	—						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0						

¹Sane Dangerous cases at Monson.

TABLE 134. — *Marital Condition of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNKNOWN.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.
Traumatic	16	—	3	—	3	12	—	12	—	—	—	—	—	—
Senile	105	173	32	44	76	33	25	58	38	102	140	—	—	—
With cerebral arteriosclerosis.	279	229	55	45	100	145	68	213	69	110	179	—	—	—
General paralysis	185	46	55	6	61	111	23	134	10	11	21	—	—	—
With cerebral syphilis	13	8	5	1	6	6	6	12	—	—	—	—	—	—
With Huntington's chorea	5	3	—	—	—	2	3	5	—	—	—	—	—	—
With brain tumor	2	4	—	—	—	16	2	2	—	—	—	—	—	—
With other brain or nervous diseases	33	36	13	16	29	16	13	29	2	4	6	—	—	—
Alcoholic	177	28	71	4	75	80	13	93	15	9	24	—	—	—
Due to drugs and other exogenous toxins	8	14	4	1	5	3	3	6	—	—	—	—	—	—
With pellagra	2	1	—	—	—	2	1	2	—	—	—	—	—	—
With other somatic diseases	44	69	9	10	19	24	49	73	10	9	19	—	—	—
Manic-depressive	143	212	63	78	141	68	105	173	6	22	28	—	—	—
Involution melancholia	32	63	11	14	25	16	36	52	3	11	14	—	—	—
Dementia praecox	324	334	245	163	408	66	142	208	7	16	23	—	—	—
Paranoia or paranoid conditions	31	86	10	15	25	18	27	45	1	9	10	—	—	—
Epileptic psychoses	19	15	34	10	44	6	5	11	1	1	2	—	—	—
Psychoneuroses and neuroses	15	22	37	9	46	11	15	26	—	—	—	—	—	—
With psychopathic personality	14	15	29	8	37	4	3	7	—	—	—	—	—	—
With mental deficiency	71	79	150	59	209	114	21	31	—	—	—	—	—	—
Undiagnosed psychoses	82	64	40	21	61	36	32	68	5	8	13	—	—	—
Without psychoses	44	28	30	18	48	10	10	20	—	—	—	—	—	—
Diagnosis deferred	19	20	11	5	16	6	9	15	—	—	—	—	—	—
Total	1,663	1,519	751	522	1,273	677	667	1,284	170	332	502	42	33	75
									16	23	39	7	2	9

TABLE 135. — *Marital Condition of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

	TOTAL			SINGLE		MARRIED		WIDOWED		SEPARATED		DIVORCED		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	17	1	18	2	-	2	14	-	14	-	-	-	1	-	-
Senile	3	11	14	-	1	1	1	2	3	-	-	-	-	-	-
With cerebral arteriosclerosis	61	47	108	17	10	27	30	20	50	3	-	1	-	-	-
General paralysis	57	10	67	14	-	14	35	7	42	3	-	1	1	2	-
With cerebral syphilis	7	1	8	4	-	4	3	1	4	-	-	-	1	2	2
With Hu. ti. gton's chorea	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
With brain tumor	5	2	7	3	-	3	2	2	4	-	-	-	-	-	-
With other brain or nervous diseases	40	28	68	21	8	29	16	15	31	1	3	4	-	-	-
Alcoholic	204	22	226	94	1	95	84	12	96	10	6	16	10	1	11
Due to drugs and other exogenous toxins	20	12	32	2	-	2	16	9	25	1	1	2	1	1	2
With other somatic diseases	23	35	58	8	9	17	13	21	34	2	5	7	-	-	-
Maniic-depressive	164	176	340	80	64	144	69	82	151	10	17	27	4	3	7
With involution melancholia	22	20	42	6	4	10	16	13	29	-	3	7	-	-	-
Dementia praecox	148	108	256	109	51	160	26	43	69	3	7	10	-	-	-
Paranoia or paranoid conditions	23	29	52	7	7	14	14	19	33	1	2	3	4	4	8
Epileptic psychoses	17	16	33	9	7	16	8	7	15	-	-	-	1	1	1
Psychoneuroses and neuroses	48	36	84	24	15	39	19	18	37	1	1	2	3	1	4
With psychopathic personality	8	14	22	6	7	13	1	5	6	1	1	1	-	-	-
With mental deficiency	17	28	45	13	21	34	2	6	8	2	1	3	-	-	-
Undiagnosed psychoses	107	133	240	57	50	107	39	69	108	7	6	13	1	4	5
Without psychoses	330	243	573	160	144	304	146	71	217	7	12	19	10	8	18
Diagnosis deferred	43	19	62	21	9	30	20	8	28	-	-	-	1	1	1
Total	1,365	991	2,356	657	408	1,065	575	430	1,005	63	94	157	33	35	63
										27	22	49	10	2	12

TABLE 136. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Marital Condition and Sex.*

[illegible]

TABLE 137. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930,*
by *Marital Condition and Sex.*

[illegible]

TABLE 138. — *Degree of Education of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.														
TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
16	—	2	—	1	—	8	—	3	—	—	—	2	—	2
105	173	13	20	19	22	54	84	9	19	4	6	6	22	28
279	229	20	19	39	28	161	136	31	34	65	7	2	32	15
185	46	16	5	21	18	117	28	19	7	26	5	—	10	1
13	8	1	—	1	2	8	6	2	1	3	—	—	—	1
5	3	1	—	1	3	1	2	—	—	—	—	—	—	—
2	4	1	—	—	—	1	1	—	2	2	—	—	—	—
33	36	6	2	5	9	15	22	5	7	12	1	—	1	1
177	28	18	5	23	28	96	15	13	1	14	5	—	2	2
8	14	—	1	—	—	6	8	2	3	5	—	—	2	2
2	1	—	—	—	—	2	1	—	—	—	—	—	—	—
44	69	6	8	14	2	26	43	3	13	16	—	—	7	9
143	212	7	6	13	11	75	106	181	32	69	10	13	5	2
32	63	1	2	3	1	22	42	64	7	11	3	4	9	4
324	334	8	15	23	29	174	186	360	83	82	165	15	12	27
31	56	1	3	4	4	17	29	46	7	10	17	—	2	4
19	15	—	—	—	1	13	14	27	1	1	3	—	2	4
15	22	—	—	—	—	10	11	21	1	10	14	3	1	1
14	15	5	—	—	—	6	9	15	3	5	8	—	—	—
71	79	15	30	22	18	32	41	73	1	1	1	—	1	4
82	64	5	4	9	8	43	40	83	17	10	27	7	3	10
44	28	14	11	25	10	14	9	23	3	3	6	1	2	2
19	20	—	2	2	6	8	9	17	4	3	7	—	—	4
1,663	1,519	140	118	258	197	130	909	842	249	292	541	63	59	122
Total														105 78 183

TABLE 140. — *Environment of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex*

PSYCHOSES.	TOTAL.		URBAN.		RURAL.		UNKNOWN.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
Traumatic	16	—	16	—	—	—	—	—	—
Senile	105	173	99	167	6	5	—	1	1
With cerebral arteriosclerosis	279	229	265	222	13	7	—	—	—
General paralysis	185	46	177	43	6	3	2	—	2
With cerebral syphilis	13	8	13	7	—	1	—	—	—
With Huntington's chorea	5	3	—	3	4	—	1	—	1
With brain tumor	2	4	—	4	—	—	—	—	—
With other brain or nervous diseases	33	36	33	33	—	3	—	—	—
Alcoholic	177	28	173	28	1	—	—	—	—
Due to drugs and other exogenous toxins	8	14	8	14	—	—	—	—	—
With pellagra	2	1	2	1	—	—	—	—	—
With other somatic diseases	44	69	36	66	6	3	—	—	—
Manic-depressive	143	212	135	205	5	6	—	—	—
Involunt melancholia	32	63	30	59	2	4	3	1	4
Dementia praecox	324	334	301	318	15	15	8	1	9
Paranoia or paranoid conditions	31	56	30	55	—	—	—	—	—
Epileptic psychoses	19	15	17	15	2	2	1	1	2
Psychoneuroses and neuroses	15	22	15	22	—	—	—	—	—
With psychopathic personality	14	15	13	14	1	1	—	—	—
With mental deficiency	71	79	64	76	5	3	2	—	2
Undiagnosed psychoses	82	146	75	63	5	1	2	1	3
Without psychoses	44	28	41	27	1	—	2	1	3
Diagnosis deferred	19	20	17	18	2	1	—	—	—
Total	1,663	1,519	1,562	1,460	74	54	27	5	32

TABLE 141. — *Environment of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	17	1	18	16	1	17	1	—	1	—	—	—
Senile	3	11	14	3	10	13	—	—	—	—	—	—
With cerebral arteriosclerosis	61	47	108	57	46	103	3	1	4	1	—	1
General paralysis	57	10	67	55	10	65	1	—	—	1	—	—
With cerebral syphilis	7	1	8	6	1	7	1	—	—	1	—	1
With Huntington's chorea	1	—	1	1	—	1	—	—	—	—	—	—
With brain tumor	5	2	7	5	2	7	—	—	—	—	—	—
With other brain or nervous diseases	40	28	68	37	28	65	3	—	3	—	—	—
Alcoholic	204	22	226	201	22	223	3	—	—	—	—	—
Due to drugs and other exogenous toxins	20	12	32	20	12	32	—	—	—	—	—	—
With other somatic diseases	23	35	58	21	32	53	1	2	3	1	1	2
Manic-depressive	164	176	340	161	175	336	2	—	2	1	1	2
Involution melancholia	22	20	42	22	20	42	—	—	—	—	—	—
Dementia praecox	148	108	256	144	108	252	1	—	1	3	—	3
Paranoia or paranoid conditions	23	29	52	23	29	52	—	—	—	—	—	—
Epileptic psychoses	17	16	33	16	16	32	1	—	1	—	—	—
Psychoneuroses and neuroses	48	36	84	47	35	82	1	—	1	—	—	—
With psychopathic personality	8	14	22	8	13	21	—	—	—	—	1	1
With mental deficiency	17	28	45	17	28	45	—	—	—	—	—	—
Undiagnosed psychoses	107	133	240	106	131	237	1	2	3	—	—	—
Without psychoses	330	243	573	318	241	559	6	2	8	6	—	6
Diagnosis deferred	43	19	62	40	18	58	1	1	2	2	—	2
Total	1,365	991	2,356	1,324	978	2,302	25	9	34	16	4	20

TABLE 143. — *Economic Status of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		DEPENDENT.		MARGINAL.		COMFORTABLE.		UNKNOWN.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Traumatic	17	1	1	-	16	-	-	1	-	-	-
Senile	3	11	-	3	3	7	-	-	-	1	1
With cerebral arteriosclerosis	61	47	6	9	46	35	7	1	2	2	4
General paralysis	57	10	5	-	51	10	-	8	1	-	-
With cerebral syphilis	7	1	-	-	6	1	-	-	1	-	1
With Huntington's chorea	1	-	-	-	1	-	-	-	-	-	-
With brain tumor	5	2	-	-	5	2	-	-	-	-	-
With other brain or nervous diseases	40	28	2	1	37	26	1	1	-	-	-
Alcoholic	204	22	9	2	186	20	4	2	5	-	5
Due to drugs and other exogenous toxins	20	12	-	11	19	11	1	2	-	-	-
With other somatic diseases	23	35	2	3	19	30	1	1	2	-	2
Manic-depressive	164	176	4	6	156	168	2	2	2	2	2
Involution melancholia	22	20	-	-	21	20	-	-	-	-	-
Dementia praecox	148	108	5	2	140	106	1	1	1	1	1
Paranoia or paranoid conditions	23	29	1	1	20	28	-	-	2	-	2
Epileptic psychoses	17	16	1	-	15	16	1	1	-	-	-
Psychoneuroses and neuroses	48	36	2	3	43	32	2	2	-	-	-
With psychopathic personality	8	14	1	-	7	13	-	-	1	1	2
With mental deficiency	17	28	1	6	16	22	-	-	-	-	-
Undiagnosed psychoses	107	133	3	5	96	126	2	-	6	2	8
Without psychoses	330	243	30	38	277	199	8	1	15	5	20
Diagnosis deferred	43	19	1	2	41	17	-	-	1	-	1
Total.	1,365	991	74	81	1,221	889	29	9	41	12	53

TABLE 144. — *Number of Times Admitted and Psychoses of All Admissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Sex.*

PSYCHOSES.	TOTAL.			ONE.			TWO.			THREE.			FOUR.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	18	—	18	16	—	16	2	—	2	—	3	—	—	—	—
Senile	109	186	295	105	173	278	1	7	8	—	4	7	—	2	2
With cerebral arteriosclerosis	200	242	532	279	229	508	8	7	15	—	4	4	2	2	4
General paralysis	200	52	252	185	46	231	9	4	13	—	5	2	1	1	1
With cerebral syphilis	14	9	23	13	8	21	—	1	1	—	—	—	—	—	—
With Huntington's chorea	5	3	8	5	3	8	—	—	—	—	—	—	—	—	—
With brain tumor	2	4	6	2	4	6	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	38	40	78	33	36	69	1	1	2	—	3	2	—	1	2
Alcoholic	219	31	250	177	28	205	17	1	18	—	13	1	4	1	4
Due to drugs and other exogenous toxins	8	16	24	8	14	22	—	1	1	—	—	—	—	—	—
With pellagra	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—
With other somatic diseases	50	75	125	41	69	113	5	2	7	—	1	2	3	—	—
Manic-depressive	216	356	572	143	212	355	21	35	56	—	22	42	10	32	42
Involution melancholia	39	76	115	32	63	95	6	5	11	—	—	2	1	3	1
Dementia praecox	480	460	940	324	334	658	59	53	114	—	43	33	31	23	54
Paranoia or paranoid conditions	41	64	105	31	56	87	5	5	10	—	3	1	4	1	2
Epileptic psychoses	25	20	45	19	15	34	2	1	3	—	2	3	5	2	2
Psychoneuroses and neuroses	17	29	46	15	22	37	2	2	4	—	2	3	3	2	2
With psychopathic personality	20	18	38	14	15	29	1	1	2	—	2	1	3	—	—
With mental deficiency	87	90	177	71	79	150	4	2	6	—	6	1	7	3	4
Undiagnosed psychoses	108	77	185	82	64	146	11	5	16	—	3	2	5	8	2
Without psychoses	49	31	80	44	28	72	—	—	—	—	5	2	7	1	1
Diagnosis deferred	22	25	47	19	20	39	1	3	4	—	1	1	1	1	2
Total	2,039	1,905	3,964	1,663	1,519	3,182	155	135	290	112	106	218	66	74	140

TABLE 145. — *Seasonal Variation in All Admissions to Hospitals for Mental Diseases, 1930, Legal Status of Admission and Sex.*

MONTH OF ADMISSION.													ALL ADMISSIONS.			COURT COMMITMENT.						TEMPORARY CARE ADMISSIONS. ¹			VOLUNTARY ADMISSIONS.																																
													M.			F.			T.			FIRST ADMISSIONS.			READMISSIONS.						M.			F.			T.			M.			F.			T.											
													M.			F.			T.			M.			F.			T.			M.			F.			T.			M.			F.			T.											
1929													261			258			519			117			144			261			30			24			54			106			75			181			8			15			23		
October													250			232			482			122			109			231			20			35			55			100			79			179			8			9			17		
November													284			218			502			135			118			253			25			26			51			113			71			184			11			3			14		
1930													335			245			580			145			120			265			50			30			80			124			89			213			16			6			22		
January													289			235			524			152			120			272			31			25			56			92			80			172			14			10			24		
February													293			250			543			131			128			259			39			41			80			115			70			185			8			11			19		
March													306			271			577			141			140			281			38			29			67			104			87			191			23			15			38		
April													287			282			569			137			150			287			30			49			79			100			80			180			20			3			23		
May													315			287			602			152			133			285			22			38			60			127			102			229			14			14			28		
June													348			269			617			133			123			256			49			40			89			137			83			220			29			23			52		
July													310			241			551			129			116			245			38			23			61			124			86			210			19			16			35		
August													333			242			575			169			118			287			24			26			50			123			89			212			17			9			26		
September													3,611			3,030			6,641			1,663			1,519			3,182			396			386			782			1,365			991			2,356			187			134			321		
Total																																																									

¹Includes admissions for temporary care and observation.

TABLE 146. — *Psychoses of All First Admissions and Readmissions to State Hospitals for Mental Diseases, 1930,*
by Form of Admission and Sex.

PSYCHOSSES.	TOTAL.					READMISSIONS.					FIRST ADMISSIONS.					COURT COMMITMENTS. 1				
	FIRST ADMISSIONS.					READMISSIONS.					FIRST ADMISSIONS.					READMISSIONS.				
	M.		F.		T.	M.		F.		T.	M.		F.		T.	M.		F.		T.
	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.
Traumatic	32	1	33	4	4	—	—	16	—	16	2	—	—	16	—	2	—	—	—	2
Senile	108	184	292	4	4	13	17	105	173	278	4	13	4	13	17	4	13	4	13	17
With cerebral arteriosclerosis	334	273	607	20	15	36	36	279	229	508	11	13	11	13	24	11	13	24	13	24
General paralysis	244	56	300	26	7	33	33	185	46	231	15	6	15	6	21	15	6	21	6	21
With cerebral syphilis	18	9	27	3	1	4	4	13	8	21	1	1	1	1	2	1	1	2	1	2
With Huntington's chorea	6	3	9	—	—	—	—	5	3	8	—	—	—	—	—	—	—	—	—	—
With brain tumor	5	6	11	2	2	—	2	2	4	6	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	66	60	126	12	8	20	20	33	36	69	5	4	5	4	9	5	4	9	4	9
Alcoholic	329	47	376	96	6	102	102	177	28	205	42	3	42	3	45	42	3	45	3	45
Due to drugs and other exogenous toxins	21	25	46	9	4	13	13	8	14	22	—	—	—	—	—	—	—	—	—	—
With pellagra	2	1	3	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	65	103	168	11	9	20	20	44	69	113	6	6	6	6	12	6	6	12	6	12
Manic-depressive	278	347	625	119	209	328	328	143	212	355	73	144	73	144	217	73	144	217	73	217
Involution melancholia	52	83	135	9	13	22	22	32	63	95	7	13	7	13	20	7	13	20	7	20
Dementia praecox	436	420	856	195	150	345	345	324	334	658	156	126	156	126	282	156	126	282	156	282
Paranoia or paranoid conditions	51	80	131	13	13	26	26	31	56	87	10	8	10	8	18	10	8	18	10	18
Epileptic psychoses	67	49	116	29	21	50	50	24	20	44	15	9	15	9	24	15	9	24	15	24
Psychoneuroses and neuroses	65	58	123	17	17	34	34	15	22	37	3	7	3	7	10	3	7	10	3	10
With psychopathic personality	18	22	40	12	10	22	22	14	15	29	6	3	6	3	9	6	3	9	6	9
With mental deficiency	80	66	146	24	22	46	46	71	79	150	16	11	16	11	27	16	11	27	16	27
Undiagnosed psychoses	165	179	344	51	34	85	85	82	64	146	26	13	26	13	39	26	13	39	26	39
Without psychoses	367	269	636	158	78	186	186	58	32	87	8	8	8	8	16	8	8	16	8	16
Diagnosis deferred	57	37	94	10	9	19	19	19	20	39	3	5	3	5	8	3	5	8	3	8
Total	2,866	2,408	5,274	774	640	1,414	1,414	1,679	1,528	3,207	409	395	409	395	804	409	395	804	409	804

¹Includes 47 Sane Dangerous cases at Monson.

TABLE 147. — *Psychoses of Readmissions by Court Commitment to Hospitals for Mental Diseases, 1930, by Admissions Ages and Sex. — Concluded.*

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YRS. AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	1
Senile	-	-	-	-	-	-	-	-	-	-	2	5	-	-	-	-	-	-	-	4	3	7
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	3	2	5	-	-	-	-	-	-	-	-	-	-
General paralysis	-	2	2	3	-	3	1	-	1	1	1	2	-	-	-	1	-	-	-	4	4	4
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	7	-	7	7	7	7	8	1	9	2	-	2	6	1	7	1	1	2	3	-	-	3
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	-	1	1	-	1	1	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive	15	21	36	6	16	22	9	22	31	9	18	27	-	8	10	18	1	1	2	3	7	10
Involution melancholia	-	-	-	-	-	-	3	3	3	2	3	5	-	2	3	1	4	4	8	3	7	10
Dementia praecox	22	19	41	7	14	21	5	14	19	6	5	11	1	5	6	2	2	4	-	-	-	2
Paranoia or paranoid conditions	-	2	2	2	3	5	1	2	3	2	-	2	-	-	-	1	-	-	1	-	-	-
Epileptic psychoses	-	2	2	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	2	2	2	1	1	2	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	6	1	7	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	2	3	5	3	1	4	1	-	1	1	3	1	4	1	1	2	1	-	1	-	1	1
Without psychoses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diagnosis deferred	-	-	-	1	-	1	-	-	-	-	-	4	-	-	1	1	-	-	-	-	-	-
Total	54	54	108	33	40	73	28	51	79	31	36	67	21	22	43	13	13	26	18	25	43	

TABLE 148. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1930, by Age at Discharge and Sex.*

Total.

	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.
PSYCHOSES														
Traumatic	4	4	—	—	—	—	1	—	—	—	—	—	—	—
Senile	16	26	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	32	43	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	42	9	—	—	—	—	—	—	2	—	6	—	6	2
With cerebral syphilis	5	5	—	—	—	—	—	—	—	—	—	—	2	—
With Huntington's chorea	1	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	8	17	—	—	1	4	1	1	1	3	1	3	—	1
Alcoholic	123	25	—	—	1	—	—	—	2	—	11	3	28	4
Due to drugs and other exogenous toxins	8	8	—	—	—	—	—	—	—	—	—	—	4	5
With other somatic diseases	10	28	—	—	—	—	1	6	7	1	1	3	2	3
Manic-depressive	130	293	—	—	1	9	24	32	56	8	7	41	18	37
Involution melancholia	18	36	—	—	—	—	—	—	—	—	—	—	2	55
Dementia praecox	236	225	—	—	15	11	26	45	28	36	34	77	32	29
Paranoia or paranoid conditions.	15	33	—	—	—	—	—	—	—	1	—	—	1	61
Epileptic psychoses	14	9	—	—	2	—	—	—	1	3	2	1	1	4
Psychoneuroses and neuroses	8	25	—	—	1	1	—	—	3	3	1	3	3	6
With psychopathic personality	17	7	—	—	1	—	—	—	2	5	2	5	2	7
With mental deficiency	29	28	—	—	4	3	7	6	2	2	4	4	8	3
Undiagnosed psychoses	14	16	—	—	5	1	—	1	4	3	6	2	7	2
Without psychoses	23	13	—	—	—	—	—	3	5	2	1	5	—	3
Diagnosis deferred	2	—	—	—	—	—	—	—	1	—	—	—	—	6
Total	762	846	1,608	2	30	29	82	90	66	79	87	97	112	208

TABLE 148. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1930, by Age at Discharge and Sex. — Continued.*

Total — Concluded.

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.								
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.									
Traumatic	-	-	1	1	1	1	-	-	-	-	-	-	-	-							
Senile	-	-	1	1	2	3	-	-	-	-	1	6	7	28							
With cerebral arteriosclerosis	-	-	1	1	2	3	3	3	3	9	5	12	17	28							
General paralysis	9	3	12	2	1	8	2	10	1	1	4	-	4	-							
With cerebral syphilis	-	2	2	1	2	-	-	-	-	-	-	-	-	-							
With Huntington's chorea	-	3	1	1	2	-	-	-	-	-	-	-	-	-							
With other brain or nervous diseases	2	1	3	1	2	2	2	1	1	1	-	-	-	-							
Alcoholic	21	2	23	18	5	23	3	4	17	4	2	2	2	2							
Due to drugs and other exogenous toxins	-	-	-	2	1	3	1	2	3	1	1	2	2	1							
With other somatic diseases	1	1	2	15	3	3	2	1	5	6	11	17	3	6							
Manic-depressive	15	34	49	32	47	30	45	13	13	2	3	14	17	3							
Involution melancholia	2	5	7	2	8	10	15	4	9	1	2	3	2	1							
Dementia praecox	28	28	56	15	28	43	12	14	26	4	12	16	9	7							
Paranoia or paranoid conditions	2	3	5	3	6	9	3	6	9	3	7	10	1	1							
Epileptic psychoses	1	1	2	1	1	1	1	1	1	-	-	5	6	1							
Psychoneuroses and neuroses	2	1	3	1	1	1	1	2	3	-	2	2	2	1							
With psychopathic personality	-	1	1	2	2	4	2	2	1	2	-	-	-	-							
With mental deficiency	3	3	6	1	3	4	1	2	3	1	1	2	1	1							
Undiagnosed psychoses	1	3	4	1	1	1	2	2	1	-	-	-	-	-							
Without psychoses	3	2	5	1	1	1	3	1	-	-	-	-	-	-							
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
Total	90	90	180	69	94	163	83	73	156	57	69	126	30	46	76	21	41	62	33	42	75

TABLE 148. — Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1930,
by Age at Discharge and Sex. — Continued.

Improved — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	—	—	—	1	—	1	1	—	1	—	—	—	—	2	—	—	—	—	—	6	11	17
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	9	13	22
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—
General paralysis	8	3	11	2	1	3	—	8	1	9	—	3	3	7	10	3	—	—	—	—	—	—
With cerebral syphilis	—	2	2	1	1	2	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	1	3	1	1	2	—	2	2	—	—	1	3	—	—	—	—	—	—	—	—	—
Alcoholic	9	—	9	11	3	14	—	14	6	20	—	6	3	9	—	1	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	1	1	—	—	1	1	—	2	3	—	—	—	—	—	—	1	1	2
Due to other somatic diseases	10	22	32	10	17	27	—	1	15	22	—	9	11	20	—	1	8	9	—	1	2	3
Manic-depressive	1	3	4	1	8	9	—	6	6	12	—	3	8	11	—	2	2	1	1	1	1	1
Involution melancholia.	23	23	46	10	17	27	—	9	12	21	—	3	10	13	—	3	3	3	1	4	5	1
Dementia praecox	1	3	4	2	6	8	—	3	5	8	—	2	5	7	—	1	3	4	—	1	1	1
Paranoia or paranoid conditions.	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	1	1	2	1	1	2	—	1	1	—	—	1	1	2	—	1	1	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	2	3	1	1	2	—	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	58	63	121	45	61	106	53	48	101	31	46	80	19	27	46	10	26	36	19	31	50	

TABLE 148. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1930, by Age at Discharge and Sex. — Concluded.*

Unimproved. — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	1	—	1	—	—	—	1	1	2	1	—	2	—	—	—	2	5	7	3	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	2	—	2	2	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	—	1	1	1	3	4	1	1	2	1	—	2	2	—	1	—	—	—	—	—	—
Dementia praecox	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	5	4	9	3	7	10	3	2	5	1	2	3	3	2	5	—	—	—	—	—	—
Epileptic psychoses	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	11	6	17	9	10	19	11	8	19	6	6	12	5	8	13	6	8	14	4	9	13
Without psychoses	3	2	5	1	—	1	3	—	3	1	—	1	—	1	1	—	—	—	—	—	—

TABLE 149. — *Time on Books, Time Spent Out and Net Time Spent within Institutions during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1930, by Psychoses and Sex.*

PSYCHOSES.	ALL CONDITIONS.									
	AVERAGE TIME IN YEARS. ¹									
	On Books			Out.			Net.			T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	5.50	—	5.50	.75	—	.75	4.75	—	4.75	4.75
Senile	1.71	1.98	1.88	.72	1.30	1.08	.99	.68	.89	.89
With cerebral arteriosclerosis	1.40	1.23	1.30	.87	.63	.72	.53	.72	.60	.58
General paralysis	3.17	1.68	2.91	1.15	.88	1.10	2.02	.80	1.81	1.81
With cerebral syphilis	2.84	1.70	2.27	.90	1.30	1.10	1.94	.40	1.17	1.17
With Huntington's chorea . . . . .	.20	—	.20	—	—	—	.20	—	.20	.20
With other brain or nervous diseases	2.87	2.63	2.71	1.75	1.00	1.24	1.12	1.63	1.47	1.47
Alcoholic	1.76	2.23	1.84	.84	.93	.86	.92	1.30	.98	.98
Due to drugs and other exogenous toxins	1.06	2.23	1.41	.68	.79	.73	.38	1.03	.71	.71
With other somatic diseases	1.56	1.82	1.59	.70	1.15	1.03	.86	.45	.56	.56
Manic-depressive	1.75	1.96	1.89	.92	.70	.91	.83	1.26	.98	.98
Involution melancholia	1.93	2.28	2.16	.85	.90	.89	1.08	1.38	1.27	1.27
Dementia praecox	2.65	2.93	2.79	.85	1.20	.93	1.80	1.73	1.86	1.86
Paranoia or paranoid conditions	2.28	2.26	2.27	1.10	1.04	1.06	1.18	1.22	1.21	1.21
Epileptic psychoses	1.55	1.41	1.50	.85	.88	.86	.70	.53	.64	.64
Psychoneuroses and neuroses	1.49	1.57	1.55	.69	.94	.88	.80	.63	.67	.67
With psychopathic personality	1.81	4.01	2.45	1.01	1.13	1.05	.80	2.88	1.40	1.40
With mental deficiency	2.05	2.87	2.45	.70	.88	.79	1.35	1.99	1.66	1.66
Undiagnosed psychoses	1.33	1.52	1.44	.71	.82	.77	.62	.70	.67	.67
Without psychoses . . . . .	.86	2.10	1.28	.30	1.44	.69	.56	.66	.59	.59
Diagnosis deferred	1.10	—	1.10	.50	—	.50	.60	—	.60	.60
Total	2 10	2.24	2.17	.86	.96	.91	1.24	1.28	1.26	1.26

¹While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out for all discharges and not the average time out for only those cases who had been out on visit.

TABLE 150. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1930, by Age at Discharge and Sex.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40-44 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Traumatic	16	1	17	-	-	-	-	-	-	-	-	-	2	-	-	2	3	-	3	1	-	1	2	
Senile	2	8	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
With cerebral arteriosclerosis	49	36	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
General paralysis	61	11	72	-	-	-	-	1	1	1	1	1	1	1	1	1	10	10	3	15	6	2	8	
With cerebral syphilis	6	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	2	
With Huntington's chorea	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With brain tumor	3	1	4	1	1	-	1	3	7	5	5	1	1	1	1	2	2	3	3	2	1	3	4	
With other brain or nervous diseases	32	26	58	1	1	2	4	3	7	5	1	4	15	4	19	36	1	31	6	42	28	5	10	
Alcoholic	205	24	229	-	-	-	-	-	3	1	4	1	1	1	1	1	9	9	9	4	3	7	33	
Due to drugs and other exogenous toxins	23	10	33	-	-	-	-	-	-	1	1	1	1	1	1	1	9	2	4	3	7	5	8	
With other somatic diseases	19	30	49	-	-	-	1	1	13	19	26	45	24	29	53	17	22	39	19	24	43	25	3	
Manic-depressive	171	193	364	1	1	2	6	7	13	19	26	45	24	29	53	17	22	39	19	24	43	25	20	
Involution melancholia	23	20	43	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	4	6	
Dementia praecox	146	107	253	-	1	1	15	4	19	27	16	43	31	12	43	24	23	47	13	14	27	12	13	
Paranoia or paranoid conditions	22	29	51	-	-	-	-	1	1	-	-	-	1	1	2	4	4	8	1	5	6	3	6	
Epileptic psychoses	37	36	73	-	1	1	4	5	9	4	6	10	7	5	12	6	4	10	3	6	9	6	12	
Psychoneuroses and neuroses	66	44	110	-	-	-	2	10	12	7	7	14	8	9	17	17	5	22	14	4	18	12	17	
With psychopathic personality	9	14	23	-	-	-	3	3	9	1	3	4	3	3	3	3	3	6	2	1	3	3	4	
With mental deficiency	17	28	45	-	2	2	3	6	8	3	6	9	2	3	5	20	19	39	15	28	43	12	13	
Undiagnosed psychoses	100	129	229	2	4	6	42	82	124	9	20	29	9	9	18	37	24	61	56	17	73	34	14	
Without psychoses	367	263	630	35	35	70	42	82	124	35	26	61	33	22	55	37	24	61	56	17	73	34	14	
Diagnosis deferred	39	17	56	1	2	3	1	3	4	4	1	5	5	3	8	4	2	6	5	1	6	11	2	
Total	1,414	1,027	2,441	41	47	88	84	133	217	118	116	234	141	110	251	187	121	308	194	121	315	175	98	
Total																						273		

TABLE 150. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1930, by Age at Discharge and Sex. — Concluded.*

	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																		
Traumatic	1	—	1	3	—	3	4	1	5	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	5	5	5	5	10	14	5	19	—	—	—	—	—	—	—	—	—
General paralysis	2	4	6	7	—	7	6	1	7	—	—	—	—	—	—	—	—	—
With cerebral syphilis	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	2	7	4	4	8	4	3	7	2	1	3	—	1	1	—	—	—
Alcoholic	34	3	37	16	2	18	22	1	23	2	—	2	—	9	—	3	1	4
Due to drugs and other exogenous toxins	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	4	—	—	4	1	5	4	3	7	1	3	4	—	1	1	—	—	—
Manic-depressive	19	21	40	13	17	30	14	16	30	4	7	11	7	3	10	3	—	7
Involution melancholia	7	6	13	4	7	11	5	2	7	1	1	2	—	—	—	—	—	—
Dementia praecox	10	11	21	7	7	14	11	5	6	11	1	1	1	—	—	—	—	—
Paranoia or paranoid conditions	6	6	12	4	7	11	2	2	4	—	—	—	—	—	—	—	—	—
Epileptic psychoses	2	2	4	2	1	3	2	2	4	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	11	6	17	6	15	21	7	5	12	2	1	3	—	1	2	—	—	—
Undiagnosed psychoses	33	11	44	13	15	33	14	5	19	20	4	24	7	3	10	3	5	8
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	6	1	7	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—
Total	161	84	245	95	84	179	106	53	159	56	26	82	35	19	54	21	15	36

TABLE 151.—Age at Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1930, by Hospital and Sex.

HOSPITALS.			TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
			M.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
			56	125	181	—	—	—	—	—	—	—	—	—	—	—
			17	23	40	—	—	—	—	—	—	—	—	—	—	—
			111	121	232	—	—	—	—	—	—	—	—	—	—	—
			31	32	63	—	—	—	—	—	—	—	—	—	—	—
			7	26	33	—	—	—	—	—	—	—	—	—	—	—
			9	6	15	—	—	—	—	—	—	—	—	—	—	—
			38	42	80	—	—	—	—	—	—	—	—	—	—	—
			98	122	220	—	—	—	—	—	—	—	—	—	—	—
			102	80	182	—	—	—	—	—	—	—	—	—	—	—
			72	101	173	—	—	—	—	—	—	—	—	—	—	—
			124	113	237	—	—	—	—	—	—	—	—	—	—	—
			5	2	7	—	—	—	—	—	—	—	—	—	—	—
			16	47	63	—	—	—	—	—	—	—	—	—	—	—
			23	23	46	—	—	—	—	—	—	—	—	—	—	—
			7	6	13	—	—	—	—	—	—	—	—	—	—	—
			17	17	34	—	—	—	—	—	—	—	—	—	—	—
			29	—	29	—	—	—	—	—	—	—	—	—	—	—
			762	846	1,608	2	—	2	30	29	59	82	90	172	66	79
		</														

TABLE 151. — Age at Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1930,
by Hospital and Sex. — Concluded.

	HOSPITALS.						40-44 YEARS.			45-59 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
							M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	10	12	22	3	17	20	9	13	22	4	12	16	3	7	10	3	6	9	2	9	11
Boston Psychopathic	1	1	2	1	2	1	2	1	3	—	1	1	—	—	—	1	—	1	—	—	—
Danvers	10	16	26	13	12	25	11	14	25	15	8	23	5	6	11	1	8	10	—	5	8
Foxborough	3	7	10	2	6	8	5	2	7	3	1	4	4	1	1	2	2	4	—	3	—
Gardner	2	3	5	2	1	3	—	2	2	—	2	2	1	1	1	—	1	1	—	1	2
Grafton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Medford	2	3	5	5	5	10	4	1	5	2	5	7	3	6	9	—	—	—	—	—	—
Northampton	17	17	34	6	15	21	8	10	18	9	10	19	2	9	11	5	6	11	6	8	14
Taunton	15	6	21	10	8	18	14	8	22	7	6	13	2	4	6	2	3	5	8	4	12
Westborough	3	9	12	8	13	21	11	5	16	6	10	16	2	4	10	3	8	11	4	8	12
Worcester	18	12	30	12	11	23	14	12	26	7	8	15	5	4	9	2	6	8	4	5	9
Monson	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	1	4	5	2	6	8	1	3	4	1	6	7	—	3	3	—	1	1	2	3	5
Bridgewater	2	—	2	1	—	1	1	2	—	2	2	—	—	—	—	—	—	—	1	—	—
Tewksbury	1	—	1	1	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 95	8	—	8	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	90	90	180	69	94	163	83	73	156	57	69	126	30	46	76	21	41	62	33	42	75

TABLE 152. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1930, by Form of Admissions and Sex.*

PSYCHOSES.	TOTAL.				COURT COMMITMENT. ¹									
	TOTAL.		ALL FIRST ADMISSIONS.		ALL READMISSIONS.		TRANSFERS.		TOTAL.		FIRST ADMISSIONS.		READMISSIONS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	22	1	20	1	21	—	—	2	—	2	4	—	—	—
Senile	20	38	16	31	47	—	3	2	—	2	14	23	2	—
With cerebral arteriosclerosis	85	79	74	75	149	7	4	11	4	4	29	40	3	3
General paralysis	150	24	91	20	111	12	—	12	47	4	32	9	10	—
With cerebral syphilis	12	6	9	5	14	2	—	2	—	1	4	5	1	—
With Huntington's chorea	2	—	2	—	2	—	—	—	—	—	—	—	—	—
With brain tumor	3	1	3	1	4	—	—	—	—	—	1	—	—	—
With other brain or nervous diseases	45	46	38	38	76	2	5	7	—	—	—	—	—	—
Alcoholic	370	50	304	42	346	29	7	36	37	1	112	20	16	2
Due to drugs and other exogenous toxins	31	19	28	16	44	3	2	5	—	1	8	6	2	2
With other somatic diseases	31	66	28	55	83	1	3	4	2	8	10	26	36	—
Manic-depressive	326	527	219	343	562	82	143	225	25	41	130	192	268	54
Involution melancholia	47	67	38	35	73	3	1	4	6	11	18	35	50	1
Dementia praecox	569	449	296	251	547	86	81	167	187	117	236	155	328	63
Paranoia or paranoid conditions	47	68	33	50	83	4	12	16	10	6	15	24	35	4
Epileptic psychoses	57	51	43	38	81	9	10	19	5	3	8	8	19	7
Psychoneuroses and neuroses	80	70	71	67	138	3	2	5	6	1	6	23	29	2
With psychopathic personality	31	24	15	18	33	11	3	14	5	3	12	6	18	5
With mental deficiency	70	76	27	46	72	19	11	30	24	20	14	22	36	15
Undiagnosed psychoses	132	158	95	131	226	19	14	33	18	13	14	16	30	6
Without psychoses	398	281	367	257	624	29	19	48	2	5	25	8	33	4
Diagnosis deferred	41	17	40	15	55	1	2	3	—	—	2	—	—	—
Total.	2,569	2,118	1,857	1,554	3,411	324	322	646	388	242	767	630	1,202	195
									849	1,616				219
														414

¹Includes 8 Sane Dangerous Cases at Monson.

TABLE 152. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1930, by Form of Admission and Sex. — Concluded.*

PSYCHOSES.	TEMPORARY CARE AND OBSERVATION.						VOLUNTARY.				TRANSFERS.				
	TOTAL.			FIRST ADMISSIONS.			READMISSIONS.		TOTAL.			FIRST ADMISSION READMISSIONS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.	T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.	T.		
Traumatic	16	1	17	16	1	17	—	—	—	—	—	—	2	—	2
Senile	2	8	10	2	8	10	—	—	—	—	—	—	2	4	6
With cerebral arteriosclerosis	46	36	82	42	35	77	4	1	5	3	—	3	4	4	—
General paralysis	51	10	61	49	10	59	2	—	2	10	1	11	47	4	51
With cerebral syphilis	6	—	6	5	—	5	1	—	1	—	—	—	1	1	—
With Huntington's chorea	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
With brain tumor	3	1	4	3	1	4	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	32	26	58	30	23	53	2	3	5	—	—	—	—	—	—
Alcoholic	202	24	226	190	22	212	12	2	14	3	—	2	37	3	38
Due to drugs and other exogenous toxins	21	9	30	19	9	28	2	—	2	2	1	2	1	1	1
With other somatic diseases	16	26	42	16	25	41	—	1	1	3	4	7	2	8	10
Manic-depressive	156	176	332	133	141	274	23	35	58	15	17	32	25	41	66
Involution melancholia	23	20	43	23	20	43	—	—	—	3	4	7	6	11	17
Dementia praecox	142	106	248	120	95	215	22	11	33	4	1	5	187	117	304
Paranoia or paranoid conditions	22	29	51	22	26	48	—	—	—	—	—	—	10	6	16
Epileptic psychoses	18	16	34	16	11	27	2	5	7	19	20	39	5	3	8
Psychoneuroses and neuroses	40	34	83	48	34	82	1	—	1	17	10	27	6	1	7
With psychopathic personality	9	14	23	3	12	15	6	2	8	—	—	—	—	—	—
With mental deficiency	17	28	45	13	23	36	4	5	9	—	—	—	—	—	—
Undiagnosed psychoses	99	126	225	86	115	201	13	11	24	43	28	71	24	20	44
Without psychoses	324	235	559	305	225	530	19	10	29	—	—	—	18	13	31
Diagnosis deferred	38	16	54	37	14	51	1	2	3	1	1	2	2	5	7
Total	1,293	941	2,234	1,179	850	2,029	114	91	205	121	86	207	388	242	630

TABLE 155. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Age at Death and Sex.*

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YRS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.		45-49 YEARS.			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Senile	74	174	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
With cerebral arteriosclerosis	206	177	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
General paralysis	110	28	-	-	-	-	-	-	2	1	3	6	14	3	17	3	20	4	2	6
With cerebral syphilis	12	1	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	15	2	17
With Huntington's chorea	1	3	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-
With brain tumor	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	21	15	-	-	-	-	-	-	-	-	1	1	2	5	1	6	1	1	4	2
Alcoholic	51	18	-	-	-	-	-	-	-	-	-	-	3	-	3	1	4	5	5	2
Due to drugs and other exogenous toxins	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With pellagra	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With other somatic diseases	31	25	-	-	-	-	-	-	-	-	-	-	2	2	-	2	1	3	2	5
Manic-depressive	37	43	-	-	-	-	-	-	3	2	5	3	6	2	3	5	-	2	2	2
Involution melancholia	11	30	-	-	-	-	-	-	-	-	-	-	1	1	-	2	2	2	2	4
Dementia praecox	141	177	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Paranoia or paranoid conditions	17	13	-	-	-	-	-	-	17	6	23	4	10	14	15	8	23	9	18	27
Epileptic psychoses	19	11	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Psychoneuroses and neuroses	-	4	-	-	-	-	-	-	-	2	2	3	1	4	2	1	3	1	1	2
With psychopathic personality	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	29	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	10	9	-	-	-	-	-	-	2	1	1	3	1	1	2	4	1	5	1	2
Without psychoses	10	10	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	1	1	1
Total	778	763	2	3	5	2	3	5	25	16	41	19	18	37	48	20	68	39	37	76
		1,541						6	7	13								53	43	96

TABLE 155. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Age at Death and Sex. — Concluded.*

PSYCHOSES.	50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80-84 YEARS.		85-89 YEARS.		90 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	3	1	4	1	4	2	7	17	16	35	22	42	11	32	10	22	32	1
Senile	2	6	8	16	24	38	28	66	45	37	40	24	25	19	11	17	28	1
With cerebral arteriosclerosis	20	3	23	14	9	10	11	11	4	4	1	1	1	1	1	1	2	3
General paralysis	1	—	1	4	3	2	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	3	3	1	2	2	2	1	2	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	5	3	8	7	8	13	4	17	4	1	2	2	1	2	1	1	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	1	5	6	6	5	3	3	6	2	2	4	2	2	3	2	1	—	—
With other somatic diseases	2	5	7	3	5	8	5	13	4	6	10	1	3	6	1	1	2	1
Manic-depressive	1	2	3	3	1	3	3	6	2	3	5	1	1	1	1	1	—	—
Involution melancholia	16	22	38	19	8	16	11	27	9	20	7	13	2	9	2	4	6	1
Dementia praecox	2	—	2	1	5	—	1	1	3	2	5	2	2	1	1	—	—	—
Paranoia or paranoid conditions	1	2	3	1	2	5	—	1	1	2	2	1	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	6	2	8	4	2	3	2	4	1	1	—	—	3	1	—	—	—	—
With mental deficiency	2	—	—	—	2	2	2	4	1	1	1	—	—	—	—	—	—	—
Undiagnosed psychoses	1	—	1	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	63	54	117	81	80	112	80	192	94	109	79	89	49	68	25	45	70	16
				161	155	112	80	192				168		117				17

TABLE 156. — Age at Death of Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Hospital and Sex.

HOSPITALS.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YRS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.		45-49 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	106	111	217	—	—	—	—	—	2	—	2	—	4	2	6	3	3	7
Boston Psychopathic.	6	7	13	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Danvers	111	133	244	—	—	—	1	1	2	—	—	—	3	5	8	7	11	20
Foxborough	34	35	69	—	—	—	—	—	3	7	—	—	5	1	6	1	2	3
Gardner	31	15	46	—	—	—	—	—	—	—	—	—	1	1	2	2	2	1
Grafton	22	37	59	—	—	—	—	—	1	—	—	—	1	1	2	1	1	—
Medfield	46	43	89	—	—	—	—	—	3	3	3	—	1	1	2	5	2	3
Northampton	98	85	183	—	—	—	—	—	1	1	2	3	3	2	5	4	9	4
Northampton	70	85	155	—	—	—	—	—	1	2	3	1	2	1	8	2	8	10
Taunton	52	67	119	—	—	—	—	—	2	1	3	—	2	3	5	1	5	6
Westborough	106	96	202	—	—	—	—	—	4	2	2	2	7	8	2	7	4	8
Worcester	11	13	24	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Monson	4	8	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	40	—	40	—	—	—	—	—	4	—	—	—	1	—	1	1	5	—
Bridgewater	21	28	49	—	—	—	—	—	—	—	—	—	1	1	2	1	2	1
Tewksbury	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	15	—	15	—	—	—	—	—	—	—	—	—	7	—	7	—	2	—
U. S. Veterans' No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	778	763	1,541	2	3	5	6	7	13	25	16	41	48	20	68	39	37	96

TABLE 157. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of Committed Patients who Died during 1930, by Sex.*

NUMBER ADMISSIONS.																			
TOTAL.				LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.			8-11 MONTHS.			1 YEAR.		2 YEARS.	
M.		F.		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One
Two
Three
Four
Five
Six
Seven
Eight
Nine
Ten
Total

		NUMBER OF ADMISSIONS												30 YEARS. AND OVER.											
		3 YEARS.		4 YEARS.		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.											
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
One	11	26	37	9	12	21	35	40	75	22	19	41	14	5	19	8	9	17	5	8	13	4	4	8
Two	8	7	15	10	6	16	31	31	62	17	26	43	6	13	19	15	13	28	10	8	18	11	8	19
Three	1	1	2	2	3	5	9	11	20	11	8	19	5	6	11	8	8	15	5	5	15	3	2	5
Four	2	1	3	—	1	1	8	10	18	3	9	12	1	3	4	4	4	3	3	2	1	3	2	2
Five	—	—	—	—	—	—	2	2	3	2	2	3	2	2	2	2	—	—	—	—	—	—	—	—
Six	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seven	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	22	35	57	21	22	43	84	94	178	55	68	123	27	30	57	29	29	58	22	19	41	20	14	34

TABLE 159. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Psychoses and Sex.

CAUSES OF DEATH	TOTAL.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC-DEPRESSIVE.		INVOLUTION MELAN-CHOLIA.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Epidemic, Endemic and Infectious Diseases:</i> Diphtheria Influenza Dysentery Erysipelas Letargic encephalitis Tuberculosis of the respiratory system Tuberculosis of other organs Syphilis (non-nervous forms) Purulent infection, septicaemia Other infectious diseases	1	3	4	—	1	—	—	—	—	—	—	—	—	—	—	
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
	1	3	4	—	1	—	—	—	—	—	—	—	—	—	—	
	1	3	4	—	1	—	—	—	—	—	—	—	—	—	—	
	4	6	10	—	2	2	1	1	—	—	—	—	—	1	1	
	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	
	70	70	140	2	3	5	3	2	5	1	5	1	6	1	3	
	9	2	11	—	—	—	—	—	—	—	—	—	—	—	—	
	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—	
	2	4	6	—	2	2	—	—	—	—	—	—	—	—	—	
	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
	<i>General Diseases not Included in Class I:</i> Cancer and other malignant tumors Rheumatism Pellagra Diabetes Alcoholism (acute or chronic) Other general diseases	26	44	70	—	12	12	2	2	4	—	—	—	—	—	—
		—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
		1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
		3	4	7	—	—	—	2	1	3	—	—	—	—	—	—
3		—	3	—	—	—	—	—	—	—	—	—	—	—	—	
4		15	19	—	—	—	—	1	1	—	—	—	—	1	1	
<i>Diseases of the Nervous System:</i> Meningitis (non-epidemic) Tabes dorsalis (locomotor ataxia) Cerebral hemorrhage, apoplexy General paralysis of the insane Other forms of mental disease Epilepsy Chorea Other diseases of the nervous system		1	2	3	—	—	—	—	1	1	—	—	—	—	—	—
		—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
		34	42	76	4	4	8	11	20	31	—	1	1	2	4	6
		99	24	123	—	—	—	—	—	—	95	23	118	—	—	—
		4	13	17	1	3	4	—	—	—	—	—	—	—	—	—
		12	11	23	—	—	—	—	1	1	—	—	—	—	—	—
		—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
		5	7	12	—	—	—	—	—	—	—	—	—	—	2	2
		<i>Diseases of the Circulatory system:</i> Endocarditis and myocarditis Angina pectoris Other diseases of the heart Arteriosclerosis Other diseases of the circulatory system	145	141	286	19	37	56	42	33	75	1	—	1	16	5	21
	1		1	2	—	—	—	—	—	—	—	—	—	—	—	—
	11		11	22	—	3	3	—	—	—	—	—	—	1	1	2
	152		159	311	32	49	81	88	75	163	1	—	1	6	1	7
	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—
	5		7	12	1	2	3	2	3	5	—	—	—	1	1	1

TABLE 159. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Psychoses and Sex. — Continued.

CAUSES OF DEATH														
TOTAL.			SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC-DEPRESSIVE.		INVOLUTION-MELAN-CHOLIA.	
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>														
—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
75	83	158	7	32	39	30	23	53	6	1	7	—	—	—
31	30	61	2	7	9	4	3	7	2	1	3	—	—	—
4	—	4	1	—	1	—	—	—	—	—	—	—	—	—
—	4	4	—	1	1	—	1	1	—	—	—	—	—	—
<i>Other diseases of the respiratory system (tuberculosis excepted)</i>														
<i>Diseases of the Digestive System:</i>														
—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
4	1	5	—	—	—	1	—	1	—	1	1	—	—	1
1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1	4	5	—	—	—	—	1	1	—	—	—	—	1	1
1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
3	3	6	—	—	—	1	1	1	—	—	—	—	—	—
1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
3	2	5	1	1	1	1	1	1	—	—	1	1	—	—
1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1	2	3	—	—	—	1	1	2	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	3	4	—	1	1	1	—	1	—	—	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia:</i>														
24	21	45	2	5	7	7	3	10	—	—	—	3	1	4
—	2	2	—	—	—	—	—	—	—	—	—	1	2	3
2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
—	2	2	—	—	—	—	—	—	—	—	—	—	1	1
<i>Other diseases of genito-urinary system</i>														
<i>Diseases of the skin and of the Cellular Tissue:</i>														
4	2	6	1	1	2	2	1	3	—	—	—	1	—	—
—	3	3	—	1	1	—	—	—	—	—	—	—	—	—
<i>Other diseases of the skin and annexa</i>														
<i>External Causes:</i>														
2	5	7	—	—	—	—	—	—	—	—	—	1	—	1
7	13	20	—	5	5	4	4	8	2	—	2	—	1	—
8	2	10	1	1	2	1	—	1	—	—	—	1	—	—
778	763	1,541	74	174	248	206	177	383	110	28	138	51	18	69
Total												37 43 80		
												11 30 41		

TABLE 159. — *Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1930, by Psychoses and Sex.* — Concluded.

CAUSES OF DEATH.	DEMENTIA PRAECOX.		PARANOLIA OR PARANOID CONDITIONS.		EPILEPTIC PSYCHOSES.		PSYCHO- NEUROSES AND NEUROSES.		WITH PSYCHO- PATHIC PER- SONALITY.		WITH MENTAL DEFICIENCY.		ALL OTHER PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>															
Bronchitis	6	12	18	1	1	2	—	—	—	—	—	—	—	—	—
Broncho-pneumonia	12	5	17	—	2	2	1	—	1	—	1	1	2	3	4
Lobar pneumonia	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
<i>Diseases of the Digestive System:</i>															
Diseases of the pharynx and tonsils	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of stomach and duodenum	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Other diseases of stomach (cancer excepted)	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis and typhlitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	1	3	4	—	—	—	—	—	—	—	1	—	—	—	—
Other diseases of the intestines	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Cirrhosis of liver	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1
Biliary calculi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia:</i>															
Nephritis	4	4	8	—	—	1	—	—	1	—	1	—	1	3	4
Other diseases of kidneys and annexa	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Diseases of bladder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of prostate	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—
Other diseases of genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
<i>Diseases of the skin and of the Cellular Tissue:</i>															
Gangrene	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the skin and annexa	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
<i>External Causes:</i>															
Suicide	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1
Accidental traumatism	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Other external causes	2	—	2	—	—	—	—	—	—	—	1	—	1	2	1
Total	141	177	318	7	13	20	19	11	30	2	1	3	29	18	47
								4	4				91	69	160

TABLE 160. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1930, by Citizenship and Sex.*

NATIVITY.	TOTAL.		ALIENS.		NATURALIZED.		CITIZEN BY BIRTH.		OTHERS.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	1	2	1	—	—	2	—	—	—	—	—	—
Australia	3	5	1	—	1	3	—	—	—	—	—	—
Austria	95	67	73	46	119	20	—	—	1	1	10	12
Belgium	3	2	2	1	3	—	—	—	—	—	1	22
Canada (includes Newfoundland)	707	901	339	461	800	449	—	—	3	3	148	208
Central America	20	2	—	1	1	—	—	—	—	—	—	356
China	2	—	20	1	20	—	—	—	—	—	—	—
Czecho-Slovakia	2	3	2	1	3	1	—	—	—	—	—	1
Cuba	1	4	7	2	3	—	—	—	—	—	—	1
Denmark	13	8	1	4	11	9	—	—	—	—	—	—
England	222	514	100	139	239	188	—	—	—	—	1	86
Finland	70	57	52	42	94	19	—	—	1	1	37	49
France	16	22	38	16	23	7	—	—	—	—	9	5
Germany	90	91	39	47	86	11	—	—	—	—	2	2
Greece	90	24	47	18	65	56	—	—	—	—	23	16
Holland	3	—	3	—	3	26	—	—	—	—	5	23
Hungary	14	6	6	2	8	—	—	—	—	—	—	7
India	2	—	—	—	2	5	—	—	—	—	5	2
Ireland	674	1,263	282	686	968	2	—	—	—	—	143	260
Italy	404	230	258	162	420	558	—	—	8	8	143	403
Japan	1	—	1	—	—	118	—	—	1	1	64	31
Jugo-Slavia	3	—	2	1	3	—	—	—	—	—	—	—
Mexico	2	1	2	1	3	—	—	—	—	—	—	—
Norway	17	15	10	5	15	—	—	—	—	—	2	2
Philippine Islands	2	—	2	—	1	13	—	—	—	—	—	4
Poland	282	190	204	142	346	68	—	—	—	—	—	—
Porto Rico	4	—	2	—	2	24	—	—	—	—	34	24
Portugal	130	63	105	50	155	18	—	—	—	—	2	58
Roumania	10	4	5	2	7	—	—	—	—	—	12	8
Russia	413	301	280	193	473	52	—	—	—	—	20	20
Scotland	62	95	28	44	72	129	—	—	1	1	56	55
South America	6	5	11	4	25	53	—	—	—	—	9	23
Spain	8	—	7	4	7	3	—	—	—	—	1	—
Sweden	114	144	55	79	134	—	—	—	—	—	1	2
Switzerland	2	—	3	2	7	80	—	—	1	1	16	26
Turkey in Asia	28	9	16	4	20	—	—	—	—	—	8	3
Turkey in Europe	15	6	11	6	17	6	—	—	—	—	1	—
United States	6,901	6,437	—	—	13,338	3	6,901	6,437	—	—	—	—
Wales	10	6	4	5	9	—	—	—	—	—	1	1
West Indies (except Cuba and Porto Rico)	28	20	18	14	32	9	—	—	—	—	4	3
Other Countries (includes Europe and Asia, not specified)	187	95	118	72	190	46	—	—	1	1	36	9
Unknown	35	30	—	—	—	—	—	—	—	—	35	30
Total	10,694	10,400	2,116	2,254	4,370	994	917	1,911	2	16	681	776
								13,338		18		1,457

TABLE 161. — *Country of Birth of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.* — Continued.

COUNTRY OF BIRTH	WITH JUNTINGTONS CHOREA.		WITH BRAIN TUMOR.		WITH OTHER BRAIN OR NERV- OUS DISEASES.		ALCOHOLIC.		DUE TO DRUGS AND OTHER EXO- GENOUS TOXINS.		WITH PELLAGRA.			
	M.	F.	T.	M.	F.	T.	M.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Australia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Austria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada	1	1	2	—	8	7	84	12	—	—	—	—	1	1
Central America	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Czecho-Slovakia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	1	1	—	—	2	2	33	9	—	—	—	—	—	—
Finland	—	—	—	—	—	—	15	2	—	—	—	—	—	—
France	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Germany	—	—	—	—	—	—	14	—	—	—	—	—	—	—
Greece	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	—	—	—	—	1	2	4	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	—	1	1	—	4	4	189	78	—	—	—	—	1	—
Italy	2	2	—	—	5	4	36	3	—	—	—	—	—	—
Japan	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexico	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Norway	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Porto Rico	—	—	—	—	—	—	53	5	—	—	—	—	—	—
Portugal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rumania	—	—	—	—	—	—	13	1	—	—	—	—	—	—
Russia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	1	1	—	—	4	3	39	—	—	—	—	—	—	—
South America	—	—	—	—	—	—	7	6	—	—	—	—	—	—
Spain	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Sweden	—	—	—	—	—	—	18	—	—	—	—	—	—	—

[illegible]

TABLE 16L. — *Country of Birth of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.* — Continued.

COUNTRY OF BIRTH	WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENCIA PRAECON.			PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa ..	—	—	—	—	2	2	—	—	—	—	2	—	—	—	—	—	—	—
Australia ..	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Austria ..	—	—	—	4	10	14	—	—	—	—	65	41	—	—	—	1	1	2
Belgium ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Canada ..	9	4	13	43	93	136	5	27	32	—	284	472	13	25	38	33	34	67
Central America ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China ..	—	—	—	2	—	—	—	—	—	—	12	—	1	—	—	—	—	—
Czechoslovakia ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Cuba ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Denmark ..	—	—	—	—	1	1	—	—	—	—	8	—	—	—	—	—	—	—
England ..	4	1	5	17	24	41	2	11	13	—	83	146	6	15	21	17	16	33
Finland ..	—	—	—	2	6	8	—	5	5	—	40	38	1	1	2	2	—	—
France ..	—	—	—	2	2	4	—	—	—	—	8	16	1	—	—	—	—	—
Germany ..	1	3	4	6	7	13	1	2	3	—	45	60	6	5	11	2	2	4
Greece ..	—	—	—	4	2	6	—	—	—	—	58	15	4	—	4	2	1	3
Holland ..	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Hungary ..	—	—	—	1	—	—	—	—	—	—	8	4	1	—	—	—	—	—
India ..	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Ireland ..	3	8	11	32	115	147	9	51	60	—	271	671	13	78	91	21	30	51
Italy ..	3	4	7	23	37	60	—	5	5	—	201	121	19	9	28	11	5	16
Japan ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Jugo-Slavia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexico ..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Norway ..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands ..	—	—	—	—	—	—	2	1	3	—	8	—	1	1	2	—	—	—
Poland ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Porto Rico ..	2	3	5	7	27	34	2	1	3	—	176	117	6	4	10	9	5	14
Portugal ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rumania ..	1	—	—	8	5	13	3	2	5	—	65	41	2	3	5	3	3	6
Russia ..	—	—	—	—	—	—	—	—	—	—	7	—	1	—	—	—	—	—
Scotland ..	5	1	6	21	34	55	1	8	9	—	237	213	5	7	12	6	6	12
South America ..	—	—	—	—	—	—	—	—	—	—	28	42	3	8	11	5	3	8
Spain ..	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—
Sweden ..	—	—	—	12	10	22	—	—	—	—	8	89	3	5	—	2	5	7

TABLE 162. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1930,
by Psychoses and Sex.

PSYCHOSES.	TOTAL.			UNDER 19 YEARS.						20-29 YEARS.						30-39 YEARS.					
				AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	30	5	44	1	1	2	1	—	1	7	—	7	2	1	3	7	1	8	8	1	9
Senile	218	456	674	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	388	363	751	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	458	121	579	5	1	6	5	1	6	24	7	31	15	2	17	147	40	187	106	30	136
With cerebral syphilis	59	35	94	—	—	—	—	—	—	5	—	5	2	—	2	18	8	26	12	4	16
With Huntington's chorea	11	9	20	—	—	—	—	—	—	2	3	5	—	3	4	2	1	3	2	—	—
With brain tumor	2	3	5	1	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—	1	1
With other brain or nervous diseases	123	82	205	24	8	32	15	6	21	17	15	32	19	12	31	20	22	42	20	17	37
Alcoholic	1,053	208	1,261	2	1	3	2	—	2	36	5	41	14	1	15	239	36	275	82	9	91
Due to drugs and other exogenous toxins	7	16	23	—	—	—	—	—	—	—	2	2	—	1	1	5	4	9	3	4	7
With pellagra	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	52	79	131	1	4	5	1	3	4	5	8	13	3	8	11	14	22	36	13	17	30
Manic-depressive	610	1,051	1,661	10	20	30	5	11	16	79	118	197	51	75	126	124	266	390	81	174	255
Involuntic melancholia	103	282	385	—	—	—	—	—	—	—	—	—	—	—	—	2	12	14	1	7	8
Dementia praecox	5,341	5,473	10,814	204	133	337	42	27	69	1,862	1,108	2,970	590	373	963	2,077	1,852	3,929	1,564	1,028	2,592
Paranoia or paranoid conditions	177	346	523	—	—	—	—	—	—	11	7	18	4	1	5	36	36	72	18	17	35
Epileptic psychoses	562	550	1,112	124	115	239	40	40	80	137	145	282	110	84	194	137	129	266	144	154	268
Psychoneuroses and neuroses	29	67	96	2	3	5	1	2	3	2	12	14	3	9	12	9	21	30	6	12	18
With psychopathic personality	97	86	183	4	5	9	1	4	5	21	24	45	9	13	22	35	16	51	33	20	53
With mental deficiency	751	669	1,420	91	70	161	19	12	31	263	174	437	134	83	217	195	211	406	176	178	354
Undiagnosed psychoses	109	64	173	9	2	11	5	1	6	19	15	34	22	14	36	33	16	49	32	16	48
Without psychoses:																					
No associated condition	21	9	30	2	2	4	2	2	4	3	1	4	3	1	4	6	2	8	6	2	8
Epilepsy	16	48	64	6	20	26	5	7	12	4	14	18	3	10	13	2	8	10	3	10	13
Alcoholism	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	2
Drug addiction	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	10	6	16	1	3	4	1	3	4	3	2	5	2	2	4	3	1	4	3	1	3
Mental deficiency	133	96	229	21	17	38	4	5	9	41	29	70	25	14	39	32	26	58	30	25	55
Other conditions	7	3	10	—	1	1	—	1	1	—	—	—	—	—	—	2	1	3	1	1	2
Epilepsy with mental deficiency	285	235	520	203	151	359	154	116	270	47	44	91	55	41	96	10	30	40	35	48	83
Hysteria with mental deficiency	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Diagnosis deferred	28	33	61	1	1	2	1	1	2	6	4	10	6	—	4	5	5	10	5	5	10
Total	10,694	10,400	21,094	717	558	1,275	305	242	547	2,594	1,738	4,332	1,073	752	1,825	3,165	2,767	5,932	2,387	1,752	4,139

TABLE 162. — *Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.* — Continued.

PSYCHOSES.	40-49 YEARS.						50-59 YEARS.						60-69 YEARS.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	14	1	15	10	1	11	8	2	10	9	1	10	1	1	1	6	1	7
Senile	1	4	5	—	3	3	16	42	58	4	17	21	84	150	234	61	110	171
With cerebral arteriosclerosis	8	11	19	3	3	6	79	74	153	58	52	110	160	127	287	132	121	253
General paralysis	186	35	221	198	33	231	71	29	100	84	31	115	23	8	31	43	19	62
With cerebral syphilis	17	10	27	18	6	24	16	13	29	16	13	29	2	4	6	10	11	21
With Huntington's chorea	4	2	6	4	3	7	1	3	4	1	3	5	2	—	2	2	—	2
With brain tumor	1	1	2	1	1	2	—	1	1	—	—	1	—	—	—	—	—	—
With other brain or nervous diseases	33	16	49	27	15	42	17	17	31	23	23	46	11	3	14	14	7	21
Alcoholic	374	70	444	223	28	251	278	62	340	296	70	366	112	31	143	314	73	387
Due to drugs and other exogenous toxins	2	5	7	1	2	3	—	3	3	3	6	9	—	2	2	—	2	2
With pellagra	1	1	2	2	—	2	—	2	2	—	2	2	—	—	—	—	1	1
With other somatic diseases	12	15	27	7	13	20	7	14	21	13	17	30	5	15	20	6	18	24
Manic-depressive	153	287	440	140	224	364	149	230	379	151	273	424	87	111	198	121	194	315
Involution melancholia	25	96	121	11	41	52	41	135	176	38	123	161	33	37	70	44	81	125
Dementia praecox	895	1,448	2,343	1,454	1,414	2,868	254	717	971	1,037	1,381	2,418	47	187	234	479	871	1,350
Paranoia or paranoid conditions	60	124	184	49	71	120	47	117	164	51	104	151	21	52	73	36	99	135
Epileptic psychoses	94	184	278	129	131	260	45	43	88	71	83	154	23	26	49	53	65	118
Psychoneuroses and neuroses	9	12	21	9	20	29	6	9	15	7	9	16	1	8	9	3	12	15
With psychopathic personality	18	16	34	17	15	32	15	16	31	24	14	38	4	8	12	11	12	23
With mental deficiency	135	137	272	202	187	389	51	60	111	131	117	248	14	15	29	64	70	134
Undiagnosed psychoses	23	13	36	22	14	36	17	8	25	20	9	29	7	8	15	7	8	15
Without psychoses:																		
No associated condition	3	3	6	3	3	6	2	1	3	2	1	3	3	—	3	2	—	2
Epilepsy	2	1	3	2	10	12	1	2	3	2	7	9	1	2	3	1	2	3
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	22	19	41	33	31	64	11	5	16	23	11	34	3	—	3	11	8	19
Other conditions	3	1	4	4	1	5	1	—	1	1	1	1	1	—	1	1	—	1
Epilepsy with mental deficiency	9	9	18	20	20	40	9	1	10	12	9	21	1	—	1	6	1	7
Hysteria with mental deficiency	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	4	9	13	4	9	13	8	8	16	8	8	16	3	5	8	3	4	7
Total	2,109	2,437	4,546	2,594	2,300	4,894	1,151	1,614	2,765	2,089	2,385	4,474	650	799	1,449	1,430	1,790	3,220

TABLE 163. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1930, by Hospitals and Sex.*

STATE HOSPITALS.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	981	1,279	2,260	—	—	—	8	6	14	49	25	74	74	64	138	86	77	163
Boston Psychopathic	41	35	76	—	2	3	5	8	13	5	6	11	4	2	6	4	5	9
Danvers	954	1,124	2,078	1	3	4	18	6	24	60	33	93	70	57	127	95	89	184
Foxborough	457	547	1,022	1	2	3	4	7	11	20	16	36	39	28	67	46	62	108
Gardner	698	492	1,190	—	1	1	2	2	4	10	5	15	25	9	34	44	27	71
Grafton	680	884	1,564	—	—	—	5	4	9	11	10	21	20	25	45	39	54	93
Medfield	743	1,090	1,833	—	—	—	1	5	6	12	21	33	32	25	57	41	60	101
Northampton	691	815	1,506	1	1	2	15	11	26	38	20	67	58	38	96	56	71	127
Taunton	758	770	1,528	1	—	1	10	2	12	31	19	50	48	42	60	45	51	96
Westborough	630	834	1,464	—	—	—	10	6	16	23	19	42	53	39	92	51	53	104
Worcester	1,097	1,191	2,288	6	4	10	13	10	23	38	34	72	55	54	109	74	97	164
Monson	625	665	1,290	106	88	194	91	71	162	61	58	122	77	61	138	68	85	153
McLean	86	120	206	—	—	—	—	1	1	3	4	7	5	5	10	3	10	13
Bridgewater	942	—	942	—	—	—	4	—	4	28	—	28	56	—	56	76	—	76
Tewksbury	253	554	807	—	—	—	1	2	3	3	11	14	6	13	19	11	25	36
U. S. Veterans' No. 107	488	—	488	—	—	—	—	—	—	—	—	—	27	—	27	152	—	152
U. S. Veterans' No. 95	552	—	552	—	—	—	—	—	—	—	—	—	29	—	29	190	—	190
Total	10,694	10,400	21,094	118	101	219	187	141	328	395	290	685	678	462	1,140	1,081	759	1,840

TABLE 163. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1930, by Hospital and Sex.* — Concluded.

STATE HOSPITALS			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80-84 YEARS.			85-89 YEARS.			90 YEARS AND OVER.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	.	59	103	162	54	80	134	27	47	74	11	26	37	3	11	14	1	4	5
Boston Psychopathic	.	.	—	—	—	46	59	105	—	—	—	10	20	30	—	—	—	—	—	—
Danvers	.	.	56	80	136	—	—	—	21	59	80	10	20	30	4	6	10	1	2	3
Foxborough	.	.	33	22	55	16	34	50	10	13	23	3	4	7	3	3	6	—	—	—
Gardner	.	.	36	28	64	20	16	36	11	16	27	6	6	12	1	2	3	1	—	1
Grafton	.	.	62	89	151	23	47	70	16	36	52	3	10	13	1	2	3	—	2	2
Medford	.	.	66	116	182	42	77	119	19	34	53	7	13	21	1	5	6	1	1	2
Northampton	.	.	43	70	113	33	36	69	18	26	44	14	12	26	5	6	11	1	3	4
Northampton	.	.	47	74	121	43	51	94	28	38	66	20	16	36	7	12	19	2	3	5
Taunton	.	.	48	65	108	48	60	108	20	28	48	12	19	31	1	12	13	—	3	3
Westborough	.	.	79	91	170	57	53	110	23	39	62	11	20	31	2	10	12	—	1	1
Worcester	.	.	14	12	26	4	6	10	1	4	5	3	—	—	—	—	—	—	—	—
Monson	.	.	7	16	23	12	9	21	5	4	9	2	1	3	2	—	2	1	1	1
McLean	.	.	62	—	62	32	—	32	15	—	15	3	—	—	—	—	—	2	—	—
Bridgewater	.	.	29	54	83	18	32	50	7	22	29	1	6	7	1	8	8	1	1	1
Tewksbury	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 95	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	.	636	820	1,456	448	560	1,008	221	366	587	106	154	260	31	78	109	10	21	31

TABLE 164. — *Average Present Age of Patients in Residence September 30, 1930, by Age at Admission and Sex.*

	AGE AT ADMISSION.										TOTAL.				AVERAGE PRESENT AGE.			
											M.	F.	T.		M.	F.	T.	
Under 15 years	221	206	427		18.2	18.9	18.6	
15-19 years	496	352	848		25.8	26.8	26.2	
20-24 years	1,071	689	1,760		33.6	32.2	33.0	
25-29 years	1,523	1,049	2,572		38.0	37.7	37.9	
30-34 years	1,675	1,318	2,993		42.3	42.9	42.6	
35-39 years	1,490	1,449	2,939		47.0	47.5	47.2	
40-44 years	1,202	1,295	2,497		50.6	52.0	51.4	
45-49 years	907	1,142	2,049		55.3	56.5	55.9	
50-54 years	665	979	1,644		59.2	60.0	59.7	
55-59 years	486	635	1,121		63.1	64.0	63.6	
60-64 years	370	481	851		65.9	67.9	67.1	
65-69 years	280	318	598		70.8	71.8	71.3	
70-74 years	150	241	391		74.2	75.6	75.0	
75-79 years	88	144	232		79.0	79.4	79.2	
80-84 years	53	70	123		83.6	84.0	83.8	
85-89 years	16	25	41		88.5	88.6	88.5	
90 years and over	1	7	8		93.0	93.0	93.0	
Total	10,694	10,400	21,094		47.0	50.6	48.7	

TABLE 165. — *Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-2 MONTHS.			3-6 MONTHS.			7-11 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	39	5	44	2	—	2	1	—	1	3	—	3	5	—	5
Senile	218	456	674	16	12	28	18	26	44	26	39	65	18	28	46
With cerebral arteriosclerosis	388	363	751	29	25	54	29	16	45	56	37	93	38	44	82
General paralysis	458	121	579	22	3	25	49	5	54	43	19	62	49	7	56
With cerebral syphilis	59	35	94	—	3	3	3	1	4	—	—	2	9	2	11
With Huntington's chorea	11	9	20	3	—	3	1	1	2	—	2	2	—	—	—
With brain tumor	2	3	5	—	—	—	1	—	1	—	—	—	—	—	—
With other brain or nervous diseases	123	82	205	5	4	9	4	4	8	11	8	19	1	6	14
Alcoholic	1,053	208	1,261	29	3	32	43	6	49	39	10	49	45	3	48
Due to drugs and other exogenous toxins	7	16	23	1	3	4	1	2	3	—	1	1	—	3	3
With pellagra	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	52	79	131	1	2	3	4	7	11	7	16	23	11	4	15
Manic-depressive	610	1,051	1,661	28	32	60	46	52	98	42	89	131	45	66	111
Involution melancholia	103	282	385	5	4	9	7	19	26	10	20	30	7	18	25
Dementia praecox	5,341	5,473	10,814	32	38	70	123	93	216	166	146	312	199	162	361
Paranoia or paranoid conditions	177	346	523	7	6	13	3	15	18	11	17	28	14	10	24
Epileptic psychoses	862	550	1,412	9	5	14	12	12	24	9	6	15	26	14	40
Psychoneuroses and neuroses	29	67	96	5	4	9	2	1	3	1	7	8	2	5	7
With psychopathic personality	97	86	183	3	4	7	2	6	8	3	6	9	10	—	10
With mental deficiency	751	669	1,420	11	1	12	17	23	40	24	30	54	34	29	63
Undiagnosed psychoses	109	64	173	7	11	28	10	11	21	31	16	47	30	12	42
Without psychoses	475	399	874	20	19	39	30	28	58	50	26	56	27	11	38
Diagnosis deferred	28	33	61	5	8	13	6	10	16	10	9	19	6	4	10
Total	10,694	10,400	21,094	250	187	437	412	338	750	523	506	1,029	584	428	1,012

TABLE 166. — Duration of Present Hospital Admission of All FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.

	TOTAL.			LESS THAN 1 MONTH.			1-2 MONTHS.			3-6 MONTHS.			7-11 MONTHS.			1 YEAR.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	4	20	1	—	1	—	—	—	1	—	—	1	—	—	2	—	2
Senile	185	362	547	16	11	27	17	23	40	22	23	55	16	23	39	29	82	111
With cerebral arteriosclerosis	294	272	566	26	17	43	23	14	37	48	31	79	30	35	65	51	50	101
General paralysis	211	70	281	16	1	17	21	5	26	27	11	38	23	6	29	37	7	44
With cerebral syphilis	22	19	41	—	2	2	—	1	1	—	—	—	1	—	—	4	1	5
With Huntington's chorea	8	5	13	3	—	3	1	—	1	—	—	2	—	—	—	—	—	—
With brain tumor	1	2	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	53	44	97	1	2	3	1	4	5	5	5	10	2	4	—	—	1	1
Alcoholic	518	73	591	17	3	20	16	3	19	23	6	29	18	1	19	73	5	78
Due to drugs and other exogenous toxins	2	7	9	1	2	3	1	1	2	—	—	—	—	1	1	—	—	—
With pellagra	2	2	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With other somatic diseases	29	48	77	1	2	3	3	6	9	3	9	12	8	2	10	3	6	9
Manic-depressive	166	322	488	12	18	30	12	18	30	10	26	36	5	13	18	25	31	56
Involution melancholia	62	149	211	5	3	8	3	13	16	4	9	13	4	11	15	12	17	29
Dementia praecox	1,744	1,591	3,335	13	19	34	18	18	36	63	65	128	47	49	96	100	117	217
Paranoia or paranoid conditions	68	126	194	3	4	7	1	5	6	6	4	10	4	3	7	7	15	22
Epileptic psychoses	205	218	423	9	2	11	6	8	14	5	4	9	8	7	15	29	15	44
Psychoneuroses and neuroses	12	22	34	4	2	6	—	—	—	—	—	—	—	2	2	2	5	7
With psychopathic personality	41	33	74	1	1	2	1	2	3	1	1	4	3	—	—	2	2	4
With mental deficit; cy.	285	221	506	5	—	5	9	6	15	12	18	30	14	13	27	20	21	41
Undiagnosed psychoses.	41	27	68	11	7	18	3	4	7	13	8	21	10	4	14	2	3	5
Without psychoses.	258	236	494	16	14	30	11	13	24	18	17	35	16	8	24	15	24	39
Diagnosis deferred	16	21	37	4	4	8	2	8	10	6	4	10	3	3	6	—	—	—
Total	4,239	3,874	8,113	167	114	281	150	152	302	270	255	525	216	185	401	427	409	836

TABLE 166. — Duration of Present Hospital Admission of All FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex. — Continued.

PSYCHOSES.	2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.			10-14 YEARS.			15-19 YEARS.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	1	3	—	1	1	1	1	2	4	1	5	3	—	—	—	—	—
Senile	28	47	75	8	36	44	11	28	39	32	58	90	4	14	18	2	4	6
With cerebral arteriosclerosis	20	34	63	19	21	40	13	23	36	44	38	82	10	7	17	2	4	1
General paralysis	15	8	23	19	6	25	7	6	13	34	9	43	8	4	12	1	5	6
With cerebral syphilis	12	1	3	1	1	1	1	1	1	8	7	15	2	4	6	—	2	2
With Huntington's chorea	1	1	2	—	1	1	—	—	—	2	1	2	—	—	—	—	—	—
With brain tumor	4	—	3	—	—	—	—	—	—	12	4	16	2	1	3	4	2	6
With other brain or nervous diseases	4	9	13	3	4	7	6	1	7	7	4	16	2	1	66	2	10	67
Alcoholic	37	3	40	30	4	34	35	4	39	68	15	83	54	12	1	57	18	67
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	1	2	3	—	—	—	—	—
With other somatic diseases	4	6	10	1	2	3	2	5	7	33	66	99	9	27	36	—	—	—
Manic-depressive	19	42	61	11	16	27	6	16	22	33	66	99	9	27	36	10	24	34
Involution melancholia	4	13	17	6	6	12	3	12	15	14	31	45	4	17	21	1	9	10
Dementia praecox	101	104	205	95	118	213	78	96	174	388	357	745	272	257	529	217	176	393
Paranoia or paranoid conditions	7	7	14	6	12	18	4	7	11	20	28	48	1	11	12	5	12	17
Epileptic psychoses	18	14	32	11	14	25	8	12	20	58	36	94	31	48	79	12	21	33
Psychoneuroses and neuroses	1	2	3	3	4	7	1	2	3	1	2	3	3	1	1	1	1	1
With psychopathic personality	3	3	6	3	4	7	1	2	3	11	6	23	5	4	9	2	1	3
With mental deficiency	13	18	31	18	8	26	22	8	30	51	53	104	47	38	85	25	13	38
Undiagnosed psychoses	—	—	—	1	1	1	—	—	—	1	1	2	—	—	—	—	—	—
Without psychoses	22	16	38	16	11	27	21	18	39	66	49	115	23	23	46	18	28	46
Diagnosis deferred	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Total	311	331	642	251	268	519	220	242	462	854	775	1,629	476	472	948	354	309	663

PSYCHOSES.

TABLE 166. — Duration of Present Hospital Admission of All FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex. — Concluded.

	20-24 YEARS.						25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40 YEARS AND OVER.		
	M.			F.			M.			M.			M.			M.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																		
Traumatic	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Senile	—	2	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
General paralysis	2	2	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	53	5	58	24	2	26	—	—	—	10	—	—	2	—	—	1	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	8	15	23	1	6	7	—	—	—	4	1	5	—	2	2	1	1	2
Manic-depressive	2	5	7	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	160	107	267	94	61	155	—	—	—	74	26	100	11	12	23	11	9	20
Dementia praecox	1	11	12	2	3	5	—	—	—	—	4	4	1	—	1	—	—	—
Paranoia or paranoid conditions	7	21	28	1	12	13	—	—	—	—	4	4	1	—	1	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	2	3	5	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	25	12	37	15	8	23	—	—	—	8	5	13	—	—	—	1	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	8	10	18	5	2	7	—	—	—	3	2	5	—	—	—	—	1	1
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	268	193	461	146	102	248	99	42	141	15	14	29	15	11	26	—	—	—

TABLE 167. — *Duration of Present Hospital Admission of all READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex.*

PSYCHOSES	TOTAL.			LESS THAN 1 MONTH.			1-2 MONTHS.			3-6 MONTHS.			7-11 MONTHS.			1 YEAR.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	23	1	24	1	—	1	1	—	1	2	—	2	4	—	4	2	—	2
Senile	33	94	127	—	1	1	1	3	4	4	6	10	2	5	7	—	10	10
With cerebral arteriosclerosis	94	91	185	3	8	11	6	2	8	8	6	14	8	9	17	15	11	26
General paralysis	247	51	298	6	2	8	28	—	28	16	8	24	26	1	27	43	8	51
With cerebral syphilis	37	16	53	—	1	1	3	—	3	—	1	1	5	2	7	2	2	4
With Huntington's chorea	3	4	7	—	—	—	—	1	1	—	—	—	—	—	—	2	—	2
With brain tumor	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
With other brain or nervous diseases	70	38	108	4	2	6	3	—	3	16	3	9	6	2	8	9	4	13
Alcoholic	535	135	670	12	—	12	27	3	30	16	4	20	27	2	29	37	10	47
Due to drugs and other exogenous toxins	—	9	14	—	1	1	—	1	1	—	—	—	—	2	2	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	23	31	54	—	—	—	1	1	2	4	7	11	3	2	5	2	1	3
Manic-depressive	444	729	1,173	16	14	30	34	34	68	32	63	95	40	53	93	61	83	144
Involution melancholia	41	133	174	—	1	1	4	6	10	6	11	17	3	7	10	4	17	21
Dementia præcox	3,597	3,882	7,479	17	19	36	105	75	180	103	81	184	152	113	265	239	238	477
Paranoia or paranoid conditions	109	220	329	4	2	6	2	10	12	5	13	18	10	7	17	11	21	32
Epileptic psychoses	357	332	689	4	2	6	3	6	4	10	4	6	18	7	25	22	13	35
Psychoneuroses	17	45	62	—	3	3	2	1	3	1	6	7	2	3	5	—	5	5
With psychopathic personality	56	53	109	2	3	5	1	4	5	—	5	5	7	—	7	3	8	11
With mental deficiency	466	448	914	6	1	7	8	17	25	12	12	24	20	16	36	35	38	73
Undiagnosed psychoses	68	37	105	6	4	10	7	7	14	18	8	26	20	8	28	10	1	11
Without psychoses	217	163	380	4	5	9	19	15	34	12	9	21	11	3	14	17	11	28
Diagnosis deferred	12	12	24	1	4	5	4	2	6	4	4	5	3	1	4	—	—	—
Total	6,455	6,526	12,981	83	73	156	262	186	448	253	251	504	368	243	611	514	482	996

TABLE 167. — *Duration of Present Hospital Admission of All READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex. — Continued.*

PSYCHOSES.	2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	2	—	3	10	13	—	6	—	—	—	—
Senile	6	16	22	16	9	25	1	8	27	1	2	7
With cerebral arteriosclerosis	14	13	27	21	6	27	5	16	31	3	3	7
General paralysis	37	7	44	21	6	27	22	31	40	10	6	6
With cerebral syphilis	5	1	6	5	1	6	4	8	9	5	—	—
With Huntington's chorea	1	—	1	—	—	—	—	3	0	6	—	—
With Huntington's chorea	1	—	1	—	—	—	—	3	0	6	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	10	5	15	11	2	13	4	12	23	5	—	—
Alcoholic	41	13	54	25	5	30	32	100	116	86	70	1
Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	2	2	—	2	1
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	1	5	6	2	3	5	—	4	7	3	—	—
Manic-depressive	40	71	111	26	41	67	20	96	244	32	20	57
Involution melancholia	4	15	19	4	11	15	—	13	41	2	1	11
Dementia praecox	249	192	441	176	215	391	166	939	1,804	523	338	466
Paranoia or paranoid conditions	13	20	33	7	15	22	7	19	65	14	7	11
Epileptic psychoses	24	30	54	23	14	37	16	105	192	62	50	55
Psychoneuroses and neuroses	4	3	7	1	11	12	1	3	9	2	—	—
With psychopathic personality	5	5	10	6	3	9	8	16	29	3	—	—
With mental deficiency	33	29	62	30	25	55	27	113	200	84	43	45
Undiagnosed psychoses	5	6	11	—	1	1	1	87	2	1	—	—
Without psychoses	13	21	34	22	7	29	14	39	81	26	16	32
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	508	452	960	378	379	757	329	1,533	2,953	866	556	1,255

TABLE 167. — Duration of Present Hospital Admission of All READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1930, by Psychoses and Sex. — Concluded.

	20-24 YEARS.						25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40 YEARS AND OVER.	
	M.			F.			M.			M.			M.			M.	
PSYCHOSES.																	
Traumatic	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	1	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	33	10	43	—	—	—	12	5	17	7	—	7	—	7	—	3	—
Alcoholic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pella	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	16	26	42	—	—	—	1	1	2	5	10	15	2	2	4	2	1
Manic-depressive	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	270	254	524	—	—	—	178	197	375	104	108	212	22	15	37	16	12
Dementia praecox	6	7	13	—	—	—	3	7	10	1	1	2	—	—	—	—	—
Paranoia or paranoid conditions	18	28	46	—	—	—	7	4	11	2	4	6	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	—	2	—	—	—	1	1	2	1	—	—	—	—	—	1	—
With psychopathic personality	14	26	40	—	—	—	20	12	32	13	11	24	4	3	7	4	1
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	16	5	21	—	—	—	5	3	8	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	381	366	747	—	—	—	229	241	470	134	134	268	35	21	56	26	14

TABLE 168. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1930, by Sex.*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable.</i>				<i>Essex.</i>			
Barnstable	16	14	30	Amesbury	22	27	49
Bourne	6	3	9	Andover	28	28	56
Brewster	1	1	2	Beverly	49	50	99
Chatham	9	6	15	Boxford	4	—	4
Dennis	4	6	10	Danvers	27	27	54
Falmouth	8	13	21	Essex	3	3	6
Harwich	4	6	10	Georgetown	17	10	27
Mashpee	2	—	5	Gloucester	72	63	135
Orleans	5	—	7	Groveland	4	6	10
Provincetown	3	4	7	Hamilton	3	5	8
Sandwich	2	3	5	Haverhill	131	105	236
Truro	—	3	3	Ipswich	10	19	29
Wellfleet	12	2	14	Lawrence	278	235	513
Yarmouth	2	2	4	Lynn	278	253	531
Total	74	63	137	Lynnfield	2	1	3
<i>Berkshire.</i>				Manchester	3	6	9
Adams	36	37	73	Marblehead	18	21	39
Becket	—	1	1	Merrimac	6	4	10
Cheshire	6	2	8	Methuen	27	33	60
Clarksburg	1	2	3	Middleton	4	5	9
Dalton	10	12	22	Nahant	1	4	5
Egremont	—	2	2	Newbury	3	7	10
Florida	1	—	1	Newburyport	58	38	96
Great Barrington	5	19	24	North Andover	13	8	21
Hancock	1	1	2	Peabody	54	42	96
Hinsdale	3	—	3	Rockport	6	16	22
Lanesborough	1	1	2	Rowley	4	1	5
Lee	15	11	26	Salem	142	128	270
Lenox	10	12	22	Salisbury	4	3	7
Monterey	2	2	4	Saugus	26	29	55
New Marlborough	1	3	4	Swampscott	8	9	17
North Adams	71	72	143	Topsfield	1	3	4
Otis	1	2	3	Wenham	2	2	4
Peru	—	1	1	West Newbury	1	2	3
Pittsfield	106	105	211	Total	1,309	1,193	2,502
Sandisfield	3	—	3	<i>Franklin.</i>			
Savoy	1	5	6	Ashfield	1	5	6
Sheffield	6	4	10	Barnardston	2	—	2
Stockbridge	7	9	16	Buckland	8	3	11
Tyringham	1	1	2	Charlemont	3	3	6
West Stockbridge	—	2	2	Colrain	2	2	4
Williamstown	7	13	20	Conway	2	3	5
Windsor	3	1	4	Deerfield	13	9	22
Total	298	320	618	Erving	1	—	1
<i>Bristol.</i>				Gill	1	—	1
Acushnet	6	2	8	Greenfield	36	22	58
Attleboro	75	62	137	Hawley	—	2	2
Berkley	1	3	4	Heath	2	—	2
Dartmouth	10	8	18	Leverett	1	—	1
Dighton	6	5	11	Leyden	5	1	6
Easton	10	12	22	Montague	25	20	45
Fairhaven	14	27	41	New Salem	1	—	1
Fall River	291	316	607	Northfield	4	7	11
Freetown	1	1	2	Orange	12	17	29
Mansfield	19	24	43	Rowe	2	—	2
New Bedford	277	251	528	Shelburne	7	9	16
North Attleborough	23	24	47	Shutesbury	—	1	1
Norton	6	5	11	Sunderland	2	2	4
Raynham	5	2	7	Warwick	1	—	1
Rehoboth	3	1	4	Wendell	4	3	7
Seekonk	9	13	22	Whately	3	2	5
Somerset	6	7	13	Total	138	111	249
Swansea	5	4	9	<i>Hampden.</i>			
Taunton	102	102	204	Agawam	11	8	19
Westport	7	5	12	Blandford	2	2	4
Total	876	874	1,750	Brimfield	4	1	5
<i>Dukes.</i>				Chester	4	6	10
Chilmark	—	1	1	Chicopee	101	89	190
Edgartown	3	1	4	East Longmeadow	4	2	6
Gosnold	1	—	1	Granville	4	—	4
Oak Bluffs	5	5	10	Hampden	3	5	8
Tisbury	—	2	2	Holyoke	196	187	383
Total	9	9	18	Longmeadow	3	9	12
				Ludlow	11	9	20
				Monson	10	11	21
				Montgomery	1	—	1

TABLE 168. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1930, by Sex.* — Continued.

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Palmer	27	21	48	Townsend	7	2	9
Russell	3	1	4	Tyngsborough	2	3	5
Southwick	1	3	4	Wakefield	24	28	52
Springfield	375	413	788	Waltham	97	133	230
Tolland	1	1	2	Watertown	45	54	99
Wales	2	2	4	Wayland	2	—	9
Westfield	57	55	112	Westford	3	6	9
West Springfield	22	27	49	Weston	5	6	11
Wilbraham	4	7	11	Wilmington	5	8	13
Total	846	859	1,705	Winchester	15	18	33
<i>Hampshire</i>				Woburn	52	48	100
Amherst	14	22	36	Total	1,977	2,235	4,212
Belchertown	5	8	13	<i>Nantucket</i>			
Chesterfield	4	—	4	Nantucket	6	7	13
Cummington	5	2	7	Total	6	7	13
Easthampton	34	45	79	<i>Norfolk</i>			
Enfield	1	—	1	Avon	6	7	13
Goshen	1	1	2	Bellingham	4	6	10
Granby	4	2	6	Braintree	22	39	61
Greenwich	2	—	2	Brookline	73	96	169
Hadley	18	5	23	Canton	21	14	35
Hatfield	6	5	11	Cohasset	8	5	13
Huntington	2	4	6	Dedham	32	37	69
Middlefield	1	—	1	Dover	3	—	3
Northampton	73	82	155	Foxborough	29	12	41
Pelham	1	2	3	Franklin	16	24	40
Plainfield	1	—	1	Holbrook	5	8	13
Prescott	—	1	1	Hyde Park	18	27	45
Southampton	2	5	7	Medfield	1	6	7
South Hadley	22	18	40	Medway	9	7	16
Ware	26	21	47	Millis	5	2	7
Williamsburg	6	6	12	Milton	18	29	47
Worthington	—	1	1	Needham	20	23	43
Total	228	230	458	Norfolk	1	8	9
<i>Middlesex</i>				Norwood	25	22	47
Acton	5	8	13	Plainville	5	1	6
Arlington	50	72	122	Quincy	103	135	238
Ashby	2	2	4	Randolph	23	12	35
Ashland	5	8	13	Sharon	4	1	5
Ayer	8	10	18	Stoughton	25	24	49
Bedford	3	5	8	Walpole	22	14	36
Belmont	30	44	74	Wellesley	14	19	33
Billerica	12	6	18	Westwood	1	4	5
Burlington	1	—	1	Weymouth	36	35	71
Cambridge	377	368	745	Wrentham	14	19	33
Carlisle	3	—	3	Total	563	636	1,199
Chelmsford	15	13	28	<i>Plymouth</i>			
Concord	17	14	31	Abington	7	11	18
Dracut	10	17	27	Bridgewater	47	31	78
Dunstable	1	—	1	Brockton	210	150	360
Everett	98	95	193	Carver	6	3	9
Framingham	55	61	116	Duxbury	2	7	9
Groton	2	7	9	East Bridgewater	4	5	9
Holliston	3	12	15	Halifax	1	2	3
Hopkinton	7	5	12	Hanover	8	6	14
Hudson	13	20	33	Hanson	4	6	10
Lexington	17	11	28	Hingham	14	13	27
Lincoln	3	2	5	Hull	7	5	12
Littleton	4	4	8	Kingston	5	4	9
Lowell	291	311	602	Lakeville	1	1	2
Malden	122	156	278	Marion	—	4	4
Marlborough	41	40	81	Marshfield	7	3	10
Maynard	28	11	39	Mattapoisett	5	2	7
Medford	82	87	169	Middleborough	23	18	41
Melrose	25	55	80	Norwell	4	4	8
Natick	26	35	61	Pembroke	5	1	6
Newton	89	124	213	Plymouth	40	37	77
North Reading	4	6	10	Plympton	—	2	2
Pepperell	5	6	11	Rochester	3	2	5
Reading	15	17	32	Rockland	19	33	52
Sherborn	—	6	6	Scituate	4	5	9
Shirley	6	1	7	Wareham	14	11	25
Somerville	205	241	446	West Bridgewater	2	—	2
Stoneham	8	21	29	Whitman	19	16	35
Stow	1	1	2	Total	461	382	843
Sudbury	2	—	2				
Tewksbury	29	20	49				

TABLE 168. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1930, by Sex.* — Concluded.

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Suffolk</i>				Millville	5	3	8
Boston	2,934	3,140	6,074	New Braintree	—	2	2
Chelsea	119	98	217	Northborough	7	8	15
Revere	52	54	106	Northbridge	16	18	34
Winthrop	34	34	68	North Brookfield	10	4	14
				Oakham	4	—	4
Total.	3,139	3,326	6,465	Oxford	8	6	14
<i>Worcester</i>				Paxton	6	1	7
Ashburnham	4	10	14	Petersham	1	2	3
Athol	17	23	40	Philipston	1	1	2
Auburn	5	13	18	Royalston	1	4	5
Barre	6	5	11	Rutland	6	1	7
Berlin	1	2	3	Shrewsbury	9	9	18
Blackstone	16	12	28	Southborough	8	3	11
Bolton	3	5	8	Southbridge	36	23	59
Boylston	—	2	2	Spencer	22	15	37
Brookfield	8	9	17	Sterling	1	4	5
Charlton	9	6	15	Sturbridge	—	4	4
Clinton	29	42	71	Sutton	8	5	13
Dana	3	4	7	Templeton	23	25	48
Douglas	9	3	12	Upton	3	2	5
Dudley	6	8	14	Uxbridge	20	11	31
East Brookfield	3	1	4	Warren	6	9	15
Fitchburg	122	109	231	Webster	37	19	56
Gardner	41	56	97	Westborough	8	13	21
Grafton	6	11	17	West Boylston	2	3	5
Hardwick	11	5	16	West Brookfield	3	3	6
Harvard	2	3	5	Westminster	3	8	11
Holden	6	5	11	Winchendon	16	10	26
Hopedale	4	6	10	Worcester	584	531	1,115
Hubbardston	3	4	7				
Lancaster	2	8	10	Total.	1,292	1,207	2,499
Leicester	11	15	26	Non-Residents.	518	87	605
Leominster	52	44	96	Unknown	165	3	168
Lunenburg	3	1	4				
Milford	37	41	78	Grand Total	11,899	11,542	23,441
Millbury	19	7	26				

TABLE 169. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1930.*¹

	ALL STATE SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1929	2,176	2,187	4,363	454	504	958	1,093	705	1,798	629	978	1,607
<i>Cases Admitted During Year.</i>												
Regular Commitment Cases admitted during year:												
First Admissions	75	137	212	18	86	104	41	15	56	16	36	52
Readmissions	11	10	21	4	4	8	5	—	5	2	6	8
Total Admissions	86	147	233	22	90	112	46	15	61	18	42	60
Voluntary Admission Cases admitted during year:												
First Admissions	95	95	190	15	22	37	26	13	39	54	60	114
Readmissions	5	2	7	2	1	3	—	—	—	3	1	4
Total Admissions	100	97	197	17	23	40	26	13	39	57	61	118
Observation Admission Cases admitted during year:												
First Admissions	1	—	1	—	—	—	—	—	—	1	—	1
Readmissions	2	1	3	1	—	1	1	—	1	—	1	1
Total Admissions	3	1	4	1	—	1	1	—	1	1	1	2
Total cases admitted by transfer during year	—	8	8	—	2	2	—	3	3	—	3	3
Total cases admitted during year	189	253	442	40	115	155	73	31	104	76	107	183
Total cases under treatment during year	2,365	2,440	4,805	494	619	1,113	1,166	736	1,902	705	1,085	1,790
<i>Cases Discharged During Year</i>												
Regular Commitment Cases discharged during year:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	45	39	84	14	10	24	23	13	36	8	16	24
As unimproved (excluding transfers)	14	9	23	1	3	4	9	6	15	—	—	4
As not mentally defective	—	—	—	—	—	—	—	—	—	—	—	—
Died	9	9	18	—	1	1	4	1	5	5	7	12
Total Discharges	68	57	125	15	14	29	36	20	56	17	23	40

¹In this and all following tables for forms of admission included under regular commitment, voluntary and observation, see page 184 of text.

Number of patients on visit September 30, 1930.	70	41	111	8	10	18	41	16	57	21	15	36
Daily average number of patients on visit during year.	101.44	70.88	172.29	14.09	16.36	30.45	60	26	86	27.35	28.49	55.84
Number of patients on parole September 30, 1929	71	160	231	14	24	38	24	36	60	33	100	133
Number of patients on parole September 30, 1930	57	161	218	11	30	41	19	32	51	27	99	126
Daily average number of patients on parole during year	64.27	160.35	224.62	13.2	26.23	39.43	21	35	56	30.07	29.12	129.19
Number of patients on escape September 30, 1929	67	16	83	29	6	35	17	1	18	21	9	30
Number of patients on escape September 30, 1930	52	17	69	23	2	25	9	2	11	20	13	33
Daily average number of patients on escape during year	56.03	16.85	72.88	28.14	5.6	33.74	9	2	11	18.89	9.25	28.14
Support of patient population (exclusive of patients on escape, parole, or visit):												
Supported by the State.	1,949	2,024	3,973	407	537	944	975	609	1,584	567	878	1,445
Re-imbursement and Private	101	85	186	15	16	31	55	40	95	31	29	60
Number of patients not mentally defective (I. O. .75 and over) actually in schools September 30, 1929:												
Insane	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-
Others	90	58	148	24	24	48	32	9	41	34	25	59
Total	90	58	148	24	24	48	32	9	41	34	25	59
Number of patients not mentally defective (I. O. .75 and over) actually in schools September 30, 1930:												
Insane	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-
Others	61	66	127	15	28	43	21	8	29	25	30	55
Total	61	66	127	15	28	43	21	8	29	25	30	55

¹In this and all following tables for forms of admission included under regular commitment, voluntary and observation, see page 184 of text.

TABLE 170. — *Ages of First Admissions to State Schools, 1980, by Nativity, Parentage, and Sex.*¹

AGE GROUPS.	AGGREGATE.	NATIVE BORN.												FOREIGN BORN.			NATIVITY UNKNOWN		
		TOTAL.						PARENTAGE.											
		NATIVE.			FOREIGN.			MIXED.			UNKNOWN.			M.	F.	T.			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Under 5 years . . .	14	12	26	6	8	14	3	2	5	5	2	7	—	—	—	—	—	—	—
5-9 years . . .	71	63	134	27	28	55	20	23	43	20	11	31	—	—	—	4	—	4	—
10-14 years . . .	54	72	126	23	27	50	15	18	33	15	23	38	—	—	—	1	3	4	—
15-19 years . . .	21	51	75	7	17	24	7	16	23	6	16	22	—	—	—	1	1	4	5
20-24 years . . .	4	18	22	2	9	11	2	4	6	—	4	4	—	—	—	—	—	1	—
25-29 years . . .	3	3	6	1	2	3	—	—	—	1	—	1	—	—	—	1	1	2	—
30-34 years . . .	1	5	6	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	—
35-39 years . . .	—	4	4	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—
40 years and over . .	3	1	4	—	—	—	1	—	1	—	—	2	—	—	—	1	—	1	—
Total . . .	171	232	403	67	94	161	48	66	114	49	56	105	—	3	3	7	12	19	—
Average Age . . .	11.5	13.9	12.9	11.4	13.3	12.5	11.0	13.1	12.2	11.6	13.3	12.6	11.9	8.4	12.7	12.5	22.5	18.5	—

¹Unless other wise stated, this and the following tables includes all mental classifications: Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 or over.

TABLE 172. — *Environment of First Admissions to State Schools, 1930, by Mental Status and Sex.*

	MENTAL STATUS.	TOTAL — ALL SCHOOLS.										
		TOTAL.		URBAN.		RURAL.		UNKNOWN.				
		M. F.	T.	M. F.	T.	M. F.	T.					

TABLE 173. — *Economic Condition of First Admissions to State Schools, 1930, by Mental Status and Sex.*

		MENTAL STATUS — ALL SCHOOLS.														
		ECONOMIC CONDITION.														
		TOTAL.	IDIOT.	IMBECILE.		MORCEN.		NOT MENTALLY DEFECTIVE.								
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.					
Dependent	.	38	110	148	2	3	5	4	22	26	28	78	106	4	7	11
Marginal	.	128	110	238	30	26	56	27	44	71	61	36	100	7	4	11
Comfortable	.	5	11	16	3	—	3	1	6	7	1	4	5	—	1	1
Unknown	.	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Total	.	171	232	403	35	30	65	32	72	104	93	118	211	11	12	23

TABLE 174. — *Ages of Readmissions to State Schools, 1930, by School and Sex.*¹

AGE GROUPS.	TOTAL ALL SCHOOLS.				BELCHERTOWN.				W. E. FERNALD.				WRENTHAM.			
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
Under 5 years	2	1	3		1	1	2		—	—	—		1	—	1	
5-9 years	3	4	7		1	3	4		—	—	—		2	—	2	
10-14 years	7	7	14		3	3	6		—	—	—		2	4	6	
15-19 years	2	3	5		1	1	2		1	—	1		—	3	3	
20-24 years	1	—	1		1	—	1		—	—	—		—	—	—	
25-29 years	2	1	3		—	—	—		2	—	2		—	1	1	
30-34 years	—	—	—		—	—	—		—	—	—		—	—	—	
35 years and over	—	—	—		—	—	—		—	—	—		—	—	—	
Total	17	13	30		7	5	12		5	—	5		5	8	13	
Average in years	18.3	18.6	18.5		17.5	14.5	16.2		24.5	—	24.5		15.5	25.6	21.7	

¹Includes previous admissions to Schools for Mentally Defective only. Includes mentally defective readmissions only (L. Q. .74 or less).TABLE 175. — *Ages of All Readmissions to State Schools, 1930, by Mental Status and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.														
	TOTAL.			IMBOL.			IMPECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	2	1	3	—	1	1	—	1	—	1	—	—	—	—	—
5-9 years.	3	4	7	1	1	2	1	—	1	—	—	2	—	—	—
10-14 years.	7	7	14	3	3	6	2	3	5	2	4	6	—	—	—
15-19 years.	3	3	6	—	2	2	1	—	1	1	1	2	1	—	1
20-24 years.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years.	2	1	3	—	—	—	—	—	1	1	1	2	—	—	—
30 years and over.	18	13	31	5	4	9	6	3	9	6	6	12	1	—	1
Total.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

TABLE 177. — *Total Number of Times Out on Visit during THIS Admission of All Patients Discharged from State Schools, 1930, by School and Sex.*

STATE SCHOOLS.		NUMBER OF TIMES OUT ON VISIT.																				
		TOTAL DISCHARGED.	NONE.	ONE.		TWO.		THREE.		FOUR.		FIVE.										
				M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.		M.	F. T.								
Belchertown	.	29	20	49	3	9	12	9	5	14	10	1	11	1	2	3	4	1	5	-	1	1
W. E. Fernald	.	57	28	85	18	8	26	8	4	12	2	3	5	10	1	11	5	3	8	5	1	6
Wrentham	.	28	32	60	8	7	15	5	8	13	5	7	12	3	3	6	2	2	4	2	2	4
Total	.	114	80	194	29	24	53	22	17	39	17	11	28	14	6	20	11	6	17	7	4	11

STATE SCHOOLS		NUMBER OF TIMES OUT ON VISIT.																				
		SIX.	SEVEN.		EIGHT.		NINE.		TEN.		ELEVEN PLUS											
			M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.		M.	F. T.									
Belchertown	.	2	-	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
W. E. Fernald	.	4	2	6	3	3	6	-	-	-	-	-	1	-	1	1	-	1	1	1	2	3
Wrentham	.	1	-	1	1	1	2	-	2	2	-	-	-	-	-	-	-	-	-	1	-	1
Total	.	7	2	9	4	5	9	-	2	2	1	-	1	-	1	-	1	1	1	2	2	4

TABLE 178. — *Average Time on Books and Time Spent Out of All Patients Discharged from State Schools, 1930, by School and Sex.*

	STATE SCHOOLS.						Average Net Time in Years within Institution.		
	Average Time on Books of All Discharges.			Average Time Spent Out of All Discharges.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belshertown	4.33	4.24	4.28	2.23	1.23	1.82	2.10	3.01	2.46
Walter E. Fernald	6.58	10.25	7.79	1.60	1.85	1.68	4.98	8.40	6.11
Wrentham	5.26	8.27	6.86	1.57	2.68	2.15	3.69	5.59	4.71
Total	5.69	7.95	6.62	1.75	2.03	1.87	3.94	5.92	4.75

TABLE 179. — *Ages of All Patients who Died in State Schools, 1930, by Mental Status and Sex.¹*

	TOTAL — ALL SCHOOLS.											
	TOTAL.			Idiot.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	1	2	1	1	2	—	3	4	—	—	—
5-9 years	3	5	8	1	2	3	—	1	3	1	—	1
10-14 years	5	3	8	2	2	4	—	2	1	1	—	1
15-19 years	2	7	9	2	2	4	—	5	3	—	—	—
20-24 years	4	4	8	2	2	4	—	4	2	—	—	—
25-29 years	3	1	4	3	1	4	—	2	6	—	—	—
30-34 years	—	2	2	—	—	—	—	—	—	—	2	2
35-39 years	1	1	2	—	—	—	—	1	—	—	1	1
40-44 years	1	1	2	—	—	—	—	—	—	—	1	1
45-49 years	—	1	1	—	1	1	—	—	—	—	—	—
50-54 years	1	1	2	—	—	—	—	1	1	—	—	—
55-59 years	1	1	2	—	—	—	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	22	27	49	12	11	23	8	12	20	2	4	6
Average Age	22.0	20.8	21.4	25.5	18.0	21.9	20.0	18.3	19.0	10.0	28.1	27.0

¹No patients who were not mentally defective died.

TABLE 180. — Causes of Death of All Patients Who Died in State Schools, 1930, by Mental Status and Sex.

CAUSES OF DEATH	TOTAL — ALL SCHOOLS.									
	TOTAL.		IDIOF.		IMBECILE.		MORON.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.
<i>All Causes.</i>										
<i>Epidemic, endemic and infectious diseases:</i>										
Diphtheria	3	—	3	1	—	1	1	—	1	1
Scarlet Fever	—	2	2	—	2	2	—	—	—	—
Influenza	3	6	9	2	1	3	1	4	5	1
Tuberculosis of respiratory system	1	—	1	1	—	1	—	—	—	—
Other forms of Tuberculosis	—	2	2	—	—	—	—	2	2	—
Lethargic Encephalitis	—	—	—	—	—	—	—	—	—	—
<i>General Diseases not included in Class I above:</i>										
Cancers and other malignant tumors	1	—	1	1	—	1	—	—	—	—
<i>Diseases of Nervous System and other Organs of Special Sense:</i>										
Epilepsy	—	2	2	—	2	2	—	—	—	—
Other diseases of the Nervous System	1	1	2	—	1	1	1	—	1	—
<i>Diseases of the Respiratory System:</i>										
Bronchitis	1	2	3	—	—	—	1	2	3	—
Bronchopneumonia	2	3	5	2	3	5	—	—	—	—
Lobar pneumonia	6	2	8	2	2	2	3	2	5	1
Pleurisy	1	—	1	1	—	1	—	—	—	—
<i>Diseases of the Digestive System:</i>										
Hernia and intestinal obstruction	1	—	1	1	—	1	—	—	—	—
Cirrhosis of the liver	1	—	1	—	—	—	1	—	1	—
<i>Non-Venercal Diseases of the Genito-Urinary System and Anæmia:</i>										
Nephritis	—	4	4	—	—	—	—	2	2	2
Other diseases of the Genito-Urinary System	—	1	1	—	—	—	—	—	—	1
<i>Diseases of the Bones and Organs of Locomotion:</i>										
Malformations	1	1	2	1	1	2	—	—	—	—
Total — All Causes	22	27	49	12	11	23	8	12	20	6

TABLE 181. — *Duration of School Residence During ALL Admissions of All Patients Dying in State Schools, 1930, by Mental Status and Sex.*

TOTAL -- ALL SCHOOLS.														
DURATION OF SCHOOL RESIDENCE.			Total.			Idiot.			Imbecile.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Under 1 year	4	5	9	1	2	3	2	3	5	1	-	1		
1 year	1	2	3	1	2	3	-	-	-	-	-	-		
2 years	3	-	3	1	-	1	2	-	2	-	-	-		
3 years	1	2	3	-	1	1	-	1	1	1	-	1		
4 years	-	-	-	-	-	-	-	-	-	-	-	-		
5- 9 years	2	9	11	2	3	5	-	5	5	-	1	1		
10-14 years	4	2	6	1	2	3	3	-	3	-	-	-		
15-19 years	2	5	7	2	-	2	2	2	2	-	3	3		
20-24 years	2	-	2	1	-	1	1	-	1	-	-	-		
25-29 years	1	-	1	1	-	1	-	-	-	-	-	-		
30-34 years	-	-	-	-	-	-	-	-	-	-	-	-		
35-39 years	1	1	2	1	-	1	-	1	1	-	-	-		
40 years and over	1	1	2	1	1	2	-	1	1	-	-	-		
Total	22	27	49	12	11	23	8	12	20	2	4	6		
Average length of residence	12.1	10.0	10.9	16.4	8.9	12.8	8.1	9.5	9.0	1.7	15.0	10.5		

TABLE 182. — Admission Ages of All Patients Resident in State Schools for the Mentally Defective on September 30, 1930, by Nativity, Parentage and Sex.¹

AGE GROUPS.	NATIVE BORN.																FOREIGN BORN.		NATIVITY UNKNOWN			
	AGGREGATE			TOTAL.			PARENTAGE.						UNKNOWN.		M. F. T.	M. F. T.						
							FOREIGN.			MIXED.												
							NATIVE.															
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.						
Under 5 years	106	65	171	105	65	170	41	32	73	26	17	43	35	16	51	3	—	3	—	1	—	1
5-9 years.	703	405	1,108	679	392	1,071	282	143	425	199	134	333	178	105	283	20	10	30	35	28	63	5
10-14 years.	694	600	1,294	659	571	1,230	260	203	463	193	181	374	171	159	330	35	25	63	25	27	52	13
15-19 years.	331	487	818	313	458	771	119	166	285	83	120	203	88	131	219	23	41	64	13	27	40	5
20-24 years.	97	262	359	94	240	334	43	82	125	23	48	71	22	75	97	6	35	41	6	21	24	—
25-29 years.	54	117	171	48	104	152	18	38	56	9	29	38	20	28	48	1	9	10	6	11	17	—
30-34 years.	20	83	103	18	71	89	9	34	43	3	17	20	5	15	20	1	5	6	2	11	13	—
35-39 years.	21	48	69	20	37	57	13	16	29	3	5	8	4	12	16	—	4	4	1	10	11	—
40-44 years.	11	20	31	11	16	27	6	10	16	2	2	3	3	3	6	—	1	1	—	4	4	—
45-49 years.	6	9	15	6	4	14	—	4	4	2	1	3	3	3	6	—	1	1	—	1	1	—
50-54 years.	3	8	11	2	7	9	1	3	4	1	—	1	2	4	4	—	—	—	1	1	2	—
55-59 years.	4	4	8	4	2	7	1	2	3	1	1	2	2	—	2	—	—	—	1	1	1	—
60 years and over	—	1	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,050	2,109	4,159	1,959	1,973	3,932	793	734	1,527	545	555	1,100	531	551	1,082	90	133	223	67	122	189	24
																						14
																						38

¹The following tables includes all patients, irrespective of mental status.

TABLE 183.—*Age at Admission and Duration of School Residence During THIS Admission of Patients Resident in State Schools on September 30, 1930, by Sex. — Concluded.*

AGE AT ADMISSION.		ALL SCHOOLS.																							
		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE.																							
		5-9 Years.			10-14 Years.			15-19 Years.			20-24 Years.			25-29 Years.			30-34 Years.			35-39 Years.			40 Years Plus		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	.	31	19	50	18	11	29	8	3	11	4	4	8	1	1	2	1	1	1	4	3	7	1	7	1
5-9 years	.	209	128	337	99	57	156	51	33	84	32	19	51	18	8	26	5	9	14	1	1	1	9	7	16
10-14 years	.	217	215	432	77	101	178	38	40	78	33	22	60	21	11	32	15	5	20	8	2	10	7	5	12
15-19 years	.	95	157	252	29	48	77	17	40	57	26	33	59	14	5	19	11	7	18	3	4	7	2	2	4
20-24 years	.	49	94	143	3	40	43	4	27	31	5	20	25	2	2	4	3	2	5	1	1	1	1	1	1
25-29 years	.	29	60	89	2	7	9	3	14	17	2	6	8	1	1	1	2	2	2	2	2	2	2	2	2
30-34 years	.	11	38	49	2	8	10	1	4	5	1	7	8	1	1	2	2	1	1	1	1	1	1	1	1
35-39 years	.	14	20	34	1	5	6	1	2	3	1	1	2	1	1	2	2	1	1	1	1	1	1	1	1
40-44 years	.	5	9	14	1	1	2	1	3	3	1	1	2	1	1	2	2	1	1	1	1	1	1	1	1
45-49 years	.	1	6	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
50-54 years	.	1	6	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
55-59 years	.	1	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
60 years and over	.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	.	662	757	1,419	232	280	512	123	167	290	109	114	223	57	28	85	37	24	61	15	12	27	19	15	34

TABLE 184. — *Mental Status of All Cases in Residence in State Schools for the Mentally Defective on September 30, 1930, by School and Sex*

MENTAL STATUS.												
TOTAL.			BELCHERTOWN.			W. F. FERNALD.			WRENTHAM.			
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
431	317	778	77	67	114	233	149	382	121	131	252	
762	755	1,517	151	180	331	395	252	647	216	323	539	
796	641	1,737	179	278	457	361	240	621	236	423	659	
61	66	127	15	28	43	21	8	29	25	30	55	
2,050	2,109	4,159	422	553	975	1,030	649	1,679	598	907	1,505	
Idiot . . . . .	.	.	.	.	.	.	.	.	.	.	.
Imbecile . . . . .	.	.	.	.	.	.	.	.	.	.	.
Moron . . . . .	.	.	.	.	.	.	.	.	.	.	.
Not Mentally Defective.	.	.	.	.	.	.	.	.	.	.	.
Total . . . . .	.	.	.	.	.	.	.	.	.	.	.

TABLE 185. — *Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1930, by School and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.						BELCHERTOWN.						W. F. FERNALD.						WRENTHAM.									
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.						
	M.	F.	T.	M.	M.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 5 years	106	65	171	17	11	28	2	3	5	—	1	1	36	20	56	—	1	1	68	42	110	17	9	26	240	207	447	
5-9 years	703	405	1,108	166	109	275	90	49	139	17	15	32	373	149	522	61	23	84	240	207	447	88	71	159	180	288	468	
10-14 years	694	600	1,294	441	253	694	128	136	264	94	77	171	386	176	562	215	68	283	180	288	468	132	108	240	185	195	280	
15-19 years	331	487	818	513	424	937	85	158	243	119	128	247	161	134	295	257	114	371	85	195	280	137	182	319	116	194	310	
20-24 years	97	262	359	327	426	753	58	80	138	64	117	181	28	83	111	147	115	262	11	99	110	116	194	310	11	99	110	
25-29 years	54	117	171	189	289	478	27	51	78	55	78	133	20	37	57	79	74	153	7	29	36	55	137	192	7	29	36	
30-34 years	20	83	103	148	208	356	11	30	41	32	53	85	8	30	38	87	60	147	1	23	24	29	95	124	1	23	24	
35-39 years	21	48	69	87	152	239	8	19	27	20	33	53	11	12	23	53	62	115	2	17	19	14	57	71	2	17	19	
40-44 years	11	20	31	64	112	176	5	10	15	7	13	20	4	5	9	55	56	111	2	5	7	4	36	40	—	1	1	
45-49 years	6	9	15	51	53	104	1	6	7	5	7	13	20	1	2	3	40	33	73	—	1	1	4	7	11	—	1	1
50-54 years	3	8	11	27	34	61	1	6	7	4	4	8	—	2	1	3	23	24	47	—	1	1	2	6	6	—	1	1
55-59 years	4	4	8	19	18	37	2	4	6	4	4	7	11	—	—	—	13	8	21	2	—	2	3	5	—	2	—	
60-64 years	—	1	1	1	1	16	—	1	1	1	6	7	—	—	—	—	—	8	8	—	—	—	2	2	—	—	—	—
65 years and over	—	—	—	—	4	4	—	—	—	—	1	1	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—
Total	2,050	2,109	4,159	2,050	2,109	4,159	422	553	975	422	553	975	1,030	649	1,679	1,030	649	1,679	598	907	1,505	598	907	1,505	10.9	14.8	13.2	
Average Age	12.8	16.5	14.7	21.5	24.9	23.3	16.8	21.0	19.1	21.7	24.5	23.3	12.3	16.0	13.7	23.4	28.1	25.2	18.0	23.0	21.1	18.0	23.0	21.1				

TABLE 186. — *Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1930, by Intelligence Quotient and Sex.* — Concluded.

PRESENT AGE.		INTELLIGENCE QUOTIENT.															
		I. Q. .50-.59		I. Q. .60-.69		I. Q. .70-.79		I. Q. .80-.89		I. Q. .90 and Over.		Average I. Q.					
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Under 5 years	.	3	—	3	2	—	2	1	1	2	—	—	—	.39	.29	.35	
5-9 years	.	22	7	29	31	18	49	11	7	18	—	—	—	.40	.38	.39	
10-14 years	.	86	35	121	93	47	140	44	16	60	—	—	—	.46	.42	.45	
15-19 years	.	126	87	213	93	91	184	51	40	91	1	1	1	.47	.47	.47	
20-24 years	.	83	112	195	46	86	132	14	30	44	1	8	9	.43	.48	.46	
25-29 years	.	27	81	108	14	50	64	9	21	30	3	4	7	.49	.47	.44	
30-34 years	.	24	61	88	8	38	46	4	8	12	2	2	2	.38	.47	.44	
35-39 years	.	9	25	34	3	25	38	—	10	10	—	2	2	.37	.45	.44	
40-44 years	.	8	27	35	4	16	20	—	3	3	—	1	1	.35	.44	.41	
45-49 years	.	5	7	12	—	3	3	1	—	1	—	—	—	.33	.40	.37	
50-54 years	.	2	8	10	—	2	2	—	2	2	—	—	—	.34	.41	.38	
55-59 years	.	6	3	9	2	1	3	—	—	—	—	—	—	.48	.40	.43	
60-64 years	.	—	—	—	—	1	1	—	—	—	—	—	—	.25	.34	.33	
65 years and over	.	—	—	—	—	—	—	—	—	—	—	—	—	—	.35	.35	
Total.	.	401	456	857	296	378	674	135	138	273	19	29	48	5	.43	.46	.44

DIRECTORY OF INSTITUTIONS.

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS.

HOSPITALS FOR MENTAL DISEASES.

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allen W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Arthur N. Ball, M.D.

Chief Medical Officer: Karl M. Bowman, M.D.

Senior Physicians: John P. Powers, M.D., Frank J. Curran, M.D.; Harry C. Solomon, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Randall K. MacLean, M.D.; George M. Lott, M.D.; Janet S. Barnes, M.D.; Mary Palmer, M.D.; Charles B. Sullivan, M.D.; Irma H. Bache, M.D.

Internes: Jacob Conn, M.D.; Robert E. Britt, M.D.; George S. Goldman, M.D.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook.

Head Occupational Therapist: Ethelwyn F. Humphrey.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Elizabeth Libber.

Staff Meetings: Every day, Except Saturday.

Visiting days: Every day, 2 to 4 P.M., and 6 to 7 P. M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; J. Waldo Pond, Boston; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M.D.

Assistant Superintendent: Herbert E. Herrin, M.D.

Senior Physicians: Mary E. Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Gerald F. Houser, M.D.; 2 vacancies.

Assistant Physicians: Frederick LeDrew, M.D.; Winthrop B. Osgood, M.D.; William J. Dahill, M.D.; Lillian D. Chapman, M.D.; Eleanor T. Beamer, M.D.; Alberta S. B. Guibord, M.D.; (School Clinic).

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Rileigh, D.M.D.

Steward: Arthur E. Gilman.

Treasurer: Adeline J. Leary.

Visiting days: 2 to 4 P. M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, Titicut (New York, New Haven & Hartford).

Supervision of Department of Correction: Dr. A. Warren Stearns, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Louis Finkle, M.D.

Visiting Days: For relatives or friends of patients, every day; For general public, every day with the exception of Sundays and holidays.

Staff Meetings: Daily, at 9:30 A. M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Feabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, Andover; Albion L. Danforth, Winchester.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Assistant Physicians: H. L. Clow, M.D.; Salomon Gagnon, M.D.; Hugh W. O'Neill, M.D.; Henry A. Tadgell, M.D.; Philip F. Hilton, M.D.; Evelyn A. Alpern, M.D.; Martha G. Wilson, M.D.; Velma Atkinson, M.D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Gladys Leach.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff meeting: Daily, 8:00 A. M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Mrs. Minna R. Mulligan, Natick; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: Cornelia B. J. Schorer, M.D.; Frank O. King, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Hyman J. Weisman, M.D.; Louise R. Gowanloch, M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A. M. and 2 to 4 P. M.

Staff meetings: Daily, except Sundays and holidays at 8.30 A. M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902):—

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederic A. Washburn, M.D., Boston, chairman; Mrs. Amie H. Coes, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Miss Grace Nichols, Boston; Prof. Richard T. Fisher, Weston; Thomas H. Shea, Fitchburg.

Regular meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Lonnie O. Farrar, M.D.

Senior Assistant Physician: Frederick P. Moore, M.D.

Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.; William A. Hunter, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff meetings: Daily, 8-9 A. M.

Location: East Gardner, two minutes' walk from East Gardner railroad station.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877):—

Trustees: Frank B. Hall, Worcester, chairman; Margaret A. Cashman, Newburyport, secretary; Ernest L. Anderson, Worcester; Winslow P. Burhoe, Boston; Enow H. Bigelow, M.D., Framingham; Francis Prescott, Grafton, Flora M. Cangiano, Hingham.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: H. L. Horsman, M.D.

Assistant Physicians: Mary Johnson, M.D.; H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; Anna C. Wellington, M.D.; J. Alcide Pilon, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 A. M. to 11:00 A. M.; 1:00 to 4:00 P. M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad, or from the Lyman Street Crossing or the Boston & Worcester electric cars.

Correspondence relating to patients at the Grafton Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896):—

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: Walter Rapp, Brockton, chairman; Christian Lantz, Salem, secretary; Mrs. Carolyn B. Odell, Cambridge; Eugene M. Carman, Somerville; George O. Clark, M.D., Boston; Danforth Comins, Concord; Mrs. Louise Williams, Taunton.

Regular meetings: Second Friday of each month.

Superintendent: Elisha H. Cohoon, M.D.

Assistant Superintendent: Samuel Smith Cottrell, M.D.

Assistant Physicians: George A. Troxell, M.D.; George E. Poor, M.D.; Clifford D. Moore, M.D.; Vicente Navarro, M.D.; Grace T. Cragg, M.D.; Marjorie K. Smith, M.D.

Dentist: Elton F. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Louis A. Hall.

Staff meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930)

Post Office: Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: None.

Superintendent: Dr. Clifford D. Moore, Acting Superintendent.

Assistant Superintendent: Dr. Clifford D. Moore.

Senior Physician: None.

Assistant Physicians: None.

Resident Dentist: None.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley

Visiting Days: Every day.

Staff Meetings: None.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square. Bus service from Waverley Square to hospital.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; Warren H. Hamilton, Chicopee Falls; George D. Storrs, Ware; Henry K. Hyde, Ware; Mrs. Elizabeth Hormel, Roxbury, Secretary.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.

Senior Assistant Physicians (Pathology): Paul I. Yakovlev, M.D.

Assistant Physicians: Lucie G. Forror, M.D., Paul I. LaFlamme, M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff meetings: Every day, except Sundays and holidays, at 8:30 A. M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; George C. Lunt, Greenfield; Mrs. Emily N. Newton, secretary, Wellesley Hills; Miss Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Superintendent: Theodore A. Hoch, M.D.

Assistant Superintendent: Edward W. Whitney, M.D.

Senior Physicians: Albert U. Bourcier, M.D.; Elizabeth Kundert, M.D.; Harriet W. Whitney, M.D.

Assistant Physicians: Rhoda U. Musgrave, M.D.; B. Edwin Zaqacki, M.D.; Kendall B. Crossfield, M.D.; Ruth M. Thompson, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven & Hartford

railroads). Taxi-cab service from the station. Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854): —

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Attleboro; Julius Berkowitz, New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Joseph E. Barrett, M.D.

Senior Assistant Physicians: H. Sinclair Tait, M.D.; Ronald B. McIntosh, M.D.

Assistant Physicians: Louisa E. Boutelle, M.D.; Henry Nigro, M.D.; Herve Gibeault, M.D.; Charles E. White, M.D.; Olga E. Steinecke, M.D.

Dentist: George A. Harris, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff meetings: Daily, 8:15 A. M. and 1:00 P. M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post Office, Tewksbury: railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: Mrs. Nellie E. Talbot, Brookline, secretary; G. Forrest Martin, M.D., Lowell, chairman; Francis W. Anthony, M.D., Haverhill; Dennis D. Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Walter F. Dearborn, M.D., Cambridge; Robert G. Stone, Brookline.

Regular meetings: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; Edward J. O'Donoghue, M.D.; Charles J. Carden, M.D.; Arthur K. Drake, M.D.; James P. Lawlor, M.D.; Samuel A. Dibbins, M.D.; Jessie D. Robertson, M.D.; Lyman A. Jones, M.D.; Dorothy Read, M.D.; Carl O. Nelson, M.D.; Eugene E. Allen, M.D.; Ralph Heifitz, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10:00 A. M. to 4:00 P. M.

Staff meetings: Daily at 8:00 A. M.

Location: About one-half mile from railroad and from electric cars. Automobile from Infirmary meets most of the trains.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, Secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; J. Lowell Bacon, Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Two vacancies.

Assistant Physicians: Emma H. Fay, M.D.; Fred E. Stokey, M.D.; George E. Peatick, M.D.; A. Frances Davis, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833): —

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee, Worcester; William J. Thayer, Worcester; Mrs. Anna C. Tatman, Worcester; Mrs. Frank Dresser, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Francis H. Sleeper, M.D.

Clinical Director: Morris Yorshis, M.D.

Assistant Physicians: Michael J. O'Meara, M.D.; Clifton T. Perkins, M.D.; Auray Fontaine, M.D.; Nathan Baratt, M.D.; Arthur W. Burckel, M.D.; Max Littner, M.D.

Pathologist: Vacant.

Dentist: Alfred J. Normandin.

Steward: Herbert W. Smith.

Treasurer: Jessie M. D. Hamilton.

Visiting days: Tuesdays, Saturdays, Sundays, 9–11 A. M., 1:30 to 4:30 P. M.

Staff meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes' walk from the Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for the Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES.

BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922): —

Post Office and railroad station, Belchertown, Mass. (Boston & Maine and Central Vermont Railroad).

Trustees: Theodore S. Bacon, M.D., Springfield; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I. Donna, Esq., Pittsfield; Edwin C. Gilbert, M.D., Indian Orchard; Mr. James L. Harrop, Worcester.

Regular meeting: Second Thursday of each month.

Superintendent: George E. McPherson, M.D.

Senior Physician: Karl V. Quinn, M.D.; Charlotte, A. Mitchell, M.D.

Assistant Physicians: John T. Shea, M.D.; R. Bernard Leclair, M.D.; Herbert L. Flynn, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: C. Herbert Camp.

Treasurer: Dora B. Wesley.

Visiting days: Every day, 9:30 to 11:30 A. M., 1:30 to 4:30 P. M., and at other times by special permission.

Staff meetings: Daily at 9:00 A. M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the centre of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor, Francis J. Barnes, M.D., president, Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russel H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation; Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Boston; Francis H. Dewey, Worcester; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M. D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D., Fred Vere Dowling, M.D.

Treasurer; Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff meetings: Daily, at 9 A. M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Herbert C. Parsons, Brookline, secretary; George W. Gay, M.D., Newton; Mrs. Mary Stewart, Scott, Brookline; Miss Katherine D. Hardwick, Quincy; John H. Ratigan, Boston; Judge Philip Rubenstein, Cambridge.

Regular meetings: Second Thursday of every month.

Acting Superintendent: Raymond A. Kinmonth, M.D. (Senior Physician).

Senior Physicians: Mildred A. Libby, M.D., Alice M. Patterson, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; Wilfred J. Cochrane, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street stop, Boston & Providence bus line.

PRIVATE INSTITUTIONS**FOR THE CARE OF MENTAL AND NERVOUS DISEASES.**

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

THE REEVES SANITARIUM, Fred B. Jewitt, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester. Salisbury Street electric car from City Hall Square.

KNOLLWOOD, Earl E. Bessey, M.D., 1690 Beacon Street, corner Beacon Street and Waban Avenue, Waban (Boston & Albany).

MCLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R. R.)

Honorary President: Henry P. Walcott, M.D., Cambridge.

President: George Wiggleworth, Esq., Boston.

Vice-President: Henry S. Hunnewell, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Thomas B. Gannett, Boston; Edwin S. Webster, Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; John R. Macomber, Boston; Sewall H. Fessenden, Boston; Robert Homans, Esq., Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Philips Ketchum, Esq., Boston.

Regular meetings: usually at the office of the Treasurer, 1 Federal Street, Boston, on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Medical Superintendent: Kenneth J. Tillotson, M.D.

Senior Physicians: Sidney M. Bunker, M.D., in charge of Women's Dept.; (Acting) Wilfred T. MacNicoll, M.D., in charge of Men's Dept.

Third Assistant Physician: Ronald H. Kettle, M.D.

Clinical Assistant and Pathologist: Ray L. Whitney, M.D.

Bio-Chemist and Director of Laboratories: John C. Whitehorn, M.D.

Psychologist: George E. Gardner, Ph. D.

Assistant Physician and Psychoanalyst: Ives Hendrick, M.D.

Assistan Physician: Walter A. Thompson, M.D.

Assistant Physician: Lionel M. Ives, M.D.

RING SANATORIUM AND HOSPITAL, INC., Arthur H. Ring, M.D., Arlington, Heights. Carriage.

U. S. VETERANS' HOSPITAL No. 95, Northampton, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental disease; opened May 12, 1924):—

Under control of Veterans' Administration U. S. Veterans' Bureau, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.

Director: Colonel George E. Ijams, Washington, D.C.

Medical Director: Charles M. Griffith, M.D.

Medical Officer in Charge: William Marshall Dobson, M.D.

Assistant Medical Officer in Charge and Clinical Director: William J. Vivian, M.D.

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; Fred E. Steele, Jr., M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.; George R. Gates, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Reconstruction Officer: Fred E. Steele, Jr., M.D.

Consultant in Psychoneurosis and Neurology: George Clymer, M.D.

Consultant in Syphilology and Psychiatry: Harry C. Solomon, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophtholomology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff meetings: Daily, with the exception of Saturdays and Sundays. Time of meeting: 11. A. M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

U. S. VETERANS' HOSPITAL No. 107, Bedford, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental diseases. Opened July 17, 1928).

Under control of Veterans' Administration, U. S. Veterans' Bureau, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D. C.

Director: Colonel George E. Ijams, Washington, D. C.

Medical Director: Charles M. Griffith, M.D.

Medical Officer in Charge: Winthrop Adams, M.D.

Clinical Director: Walter F. Burrier, M.D.

Ward Surgeons: John J. Thompson, M.D.; Arthur R. Woods, M.D.; William T. Merrill, M.D.; Julius A. Kaplan, M.D.; Alvin H. Cranz, M.D.; Cornelius J. Buckley, M.D.; Stanton Hoechstetter, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.

Chief Dental Service: Bertram H. Sawyer, (Dental Surgeon).

Consultant in Psychoneurosis and Neurology: George Clymer, M.D.

Consultant in Syphilology and Psychiatry: Harry C. Solmon, M.D.

Consultant in Tuberculosis: Ernest D. Hatch, M.D.

Consultant in Ear, Nose and Throat: Charles D. Knowlton, M.D.

Consultant in Eye Work: Paul Chandler, M.D.

Consultant in Dermatology: C. Guy Lane, M.D.

Consultant in Surgery: Henry C. Marble, M.D.

Consultant in Roentgenology: John W. Meachen, M.D.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

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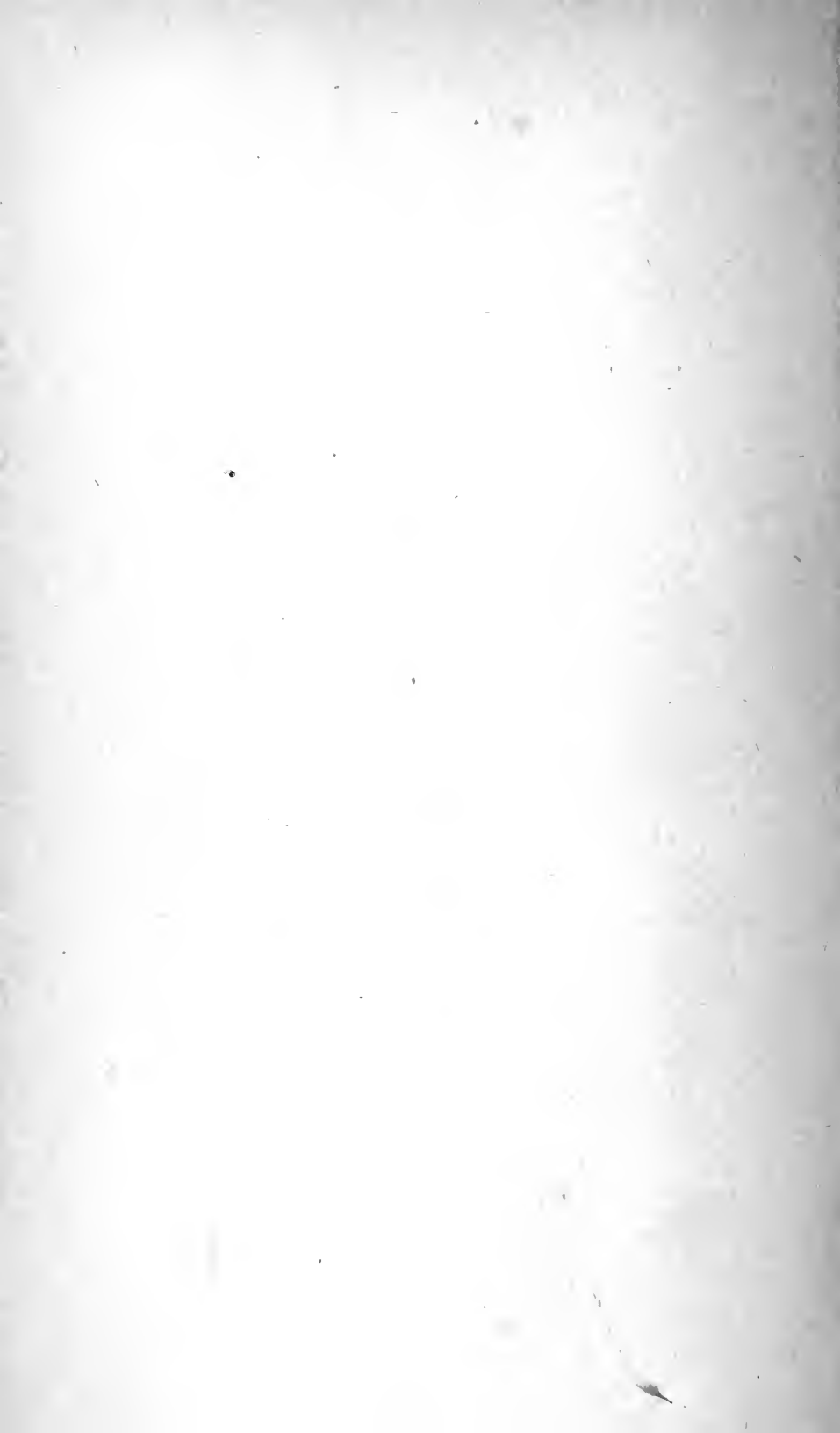
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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1931.

COMMISSIONER

GEORGE M. KLINE, M.D. Beverly

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D.. . . . Boston
CHARLES G. DEWEY, M.D. Boston
ELMER A. STEVENS Somerville
SAMUEL KALESKY Boston

ASSISTANT COMMISSIONER

WINFRED OVERHOLSER, M.D. Wellesley Hills

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and The Honorable Council:

The undersigned, Commissioner of the Massachusetts Department of Mental Diseases, respectfully submits the twelfth annual report for the Department for the year ending November 30, 1931. The matters relating to general statistics, however, cover the year ending September 30.

GEORGE M. KLINE,
Commissioner.

SAMUEL KALESKY,
HENRY M. POLLOCK, M.D.

CHARLES G. DEWEY, M.D.
ELMER A. STEVENS,

Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

Duties of the Department.

The Department has general supervision of all public and private institutions for the mentally ill, feeble-minded, epileptic and for persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution, however, is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distributions and transfers of patients between them, deportation of patients to other states and countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

Dr. Henry M. Pollock, whose term as Associate Commissioner expired on September 19, 1931, was reappointed on October 8, 1931.

Mr. Samuel Kalesky was appointed Associate Commissioner on July 1, 1931, to succeed Mr. John B. Tivnan, deceased.

Changes in Personnel.

MARJORIE FULSTOW, M.D.

On September 1, 1931, Dr. Marjorie Fulstow, Pathologist to the Department since 1924, resigned. Since her separation from the service, Dr. Myrtelle M. Canavan, who formerly held the position, has been carrying on the work.

JOSEPH E. BARRETT, M.D.

Dr. Joseph E. Barrett, assistant superintendent of the Taunton State Hospital, was appointed Assistant to the Commissioner of this Department on September 8, 1931, — this being a new position created this year.

Dr. Barrett was graduated from the Medical Department of the University of Tennessee in 1922. He served as resident interne at the City Hospital in St. Louis, Missouri from 1922 to 1923. From 1923 to 1928 he was Assistant Physician at the Arkansas State Hospital for Mental and Nervous Diseases, Little Rock, Arkansas. On March 30, 1928, he was appointed Assistant Superintendent of the Taunton State Hospital, Taunton, Massachusetts, which position he held until his appointment as Assistant to the Commissioner of this Department.

ARTHUR N. BALL, M.D.

Dr. Arthur N. Ball was appointed to the position of Director of the Division for the Examination of Prisoners on November 27, 1931, to fill the vacancy caused by the appointment of Dr. Earl K. Holt to the Superintendency of the Medfield State Hospital.

Dr. Ball is a native of Massachusetts. He received the degree of M. D. from the University of Pennsylvania in 1911. Following graduation, he served one year as House Officer at the Paterson General Hospital, Paterson, New Jersey. In October, 1912 he was appointed Assistant Physician on the staff of the Northampton State Hospital, and in March, 1918, was given a leave of absence to enter the Medical Corps of the United States Army, where he remained until July, 1919, returning to the Northampton State Hospital as Senior Physician. In November, 1921, Dr. Ball was transferred to the Gardner State Colony as Assistant Superintendent where he remained until October, 1926, when he was transferred to the Department of Mental Diseases as Assistant to the Commissioner. On October 29, 1928, he was appointed Chief Executive Officer of the Boston Psychopathic Hospital, from which position he was transferred to the position of Director of the Division for the Examination of Prisoners.

DEATH OF MR. JOHN B. TIVNAN.

Mr. John B. Tivnan, Associate Commissioner of the Department, died on April 12, 1931, following an operation at the Salem Hospital, Salem, Mass.

The following resolutions were adopted by the Department:

"Fifteen years ago in the summer of 1916 the members of the newly organized Commission of Mental Diseases held their first meeting. For fifteen years the five members of the original Commission served together for the mutual benefit of the persons intrusted to their care. One of their number is now to return no more; and

"Whereas the place so long occupied by Mr. John B. Tivnan is made vacant by his lamented death on April 12, 1931—"Be it

"Resolved: That the Commissioners of the Department of Mental Diseases record their personal sorrow in the passing of Mr. Tivnan. They deplore the loss to the State in whose service he exemplified able qualities—and to the community whose confidence he commanded. His many years were filled with business and public activities. He was formerly a trustee of the State Infirmary and State Farm, serving for several years as chairman. He was a member of a special commission appointed by Governor Draper to study the needs of state hospitals for cases of nervous breakdown—and also served on a special commission appointed by Governor Cox to study the problems of a new location for the State Prison. A public spirited citizen—he served unselfishly for the public good. His associates will miss his genial fellowship and quiet humor—his capacity for friendship—together with his wise counsel and tact in affairs of State. We have lost a loyal comrade. To his family in sorrow we tender our sympathy. Be it therefore further

"Resolved: that these Resolutions be spread upon the records and a copy thereof sent to the family of Mr. Tivnan."

DEATH OF DR. ELISHA H. COHOON.

Dr. Elisha H. Cohoon, Superintendent of the Medfield State Hospital, died at the Deaconess Hospital, Boston, on July 21, 1931, following an illness of a few months.

Dr. Cohoon was born in Nova Scotia in 1874. After graduating from Acadia University, he studied medicine at the College of Physicians and Surgeons, Baltimore, Maryland, graduating with the degree of M. D. in 1903. From 1903 to 1906

he served on the staff of Mt. Pleasant State Hospital, Mt. Pleasant, Iowa and following this, spent one year at the Pueblo State Hospital, Pueblo, Colorado. In 1908, he was appointed to the position of First Assistant Physician at the Rhode Island State Hospital, Howard, Rhode Island, where he remained until August, 1915, when he was appointed Administrator at the Boston Psychopathic Hospital. In April, 1917, Dr. Cohoon became Superintendent of the Medfield State Hospital, which position he held until his death.

The following resolutions were adopted by the Department:

"Whereas, — With sorrow — we record the death of Dr. Elisha H. Cohoon — whose administration as Superintendent of the Medfield State Hospital was conspicuous for the improvements inaugurated — Be it therefore,

"Resolved: That the Commissioners of the Department of Mental Diseases recognize that in his passing Massachusetts has lost an outstanding and virile executive. Coming to Medfield in 1917 — with a wealth of experience gained from service in hospitals in Iowa, Colorado, Rhode Island, and as Executive Officer at the Boston Psychopathic Hospital — he made remarkable changes in his fourteen years as superintendent. He created a hospital where formerly there was an asylum — a spirit of hope in place of one of resignation. He combined with unusual administrative ability a complete devotion to the work intrusted to his care. He resolutely and forcefully moved toward the goal he had established — the betterment of the patients — and the improvement of the hospital. A kind and courteous gentleman — a diplomat — he impressed those with whom he came in contact by his sincerity — and won for himself the admiration and respect of associates, employees and patients. In the meridian of his life when inspired to greater effort — and with a joy for service — he was taken from us. He leaves behind a record of accomplishments and loyal friends. Be it therefore further,

"Resolved: That these Resolutions be spread upon the records and a copy thereof sent Mrs. Cohoon."

Activities of the Department.

THE METROPOLITAN STATE HOSPITAL

Elsewhere in this report it will be noted that there are now being cared for at the Metropolitan State Hospital approximately 1,150 patients of the continued treatment class. Mention is made in the Report of the Department Engineer of progress made in the building program.

THE NEW SCHOOL FOR THE FEEBLEMINDED

The Legislature of 1930, in the act of making appropriations under item 534 of Chapter 115, appropriated the sum of \$50,000 for expenses incidental to the selection of a site and the purchase of land or options thereon for a new school for the feeble-minded. The Legislature of 1931 in the act of making appropriations under item 482-0 of Chapter 460, appropriated for the same purpose an additional sum of \$75,000.

The Department determined that the needs of the problem would be best met by establishing a new school in Essex County, and, for the purpose of assisting in the selection of a site, the Department engaged the services of Mr. David Frye of Salem, Massachusetts, — a realtor well experienced in Essex County real estate.

An intensive survey was undertaken by Mr. Frye of all possible sites in Essex County that might be available for the purpose, — the essential requirements for a satisfactory site being kept in mind. Options were obtained on various properties comprising a site peculiarly adapted to the needs of a State school, there being extensive improvements thereon which would lend themselves admirably for use in the operation of a new institution. This site is located in Andover, Massachusetts, and comprises approximately 1,100 acres. It is easily accessible, with adequate water supply, and sewage disposal facilities available. The estimated cost of the site, with improvements, exceeds the amount of the appropriation, but the site will be recommended for approval, with the added recommendation that additional funds be appropriated.

PLAN FOR SUPPLYING PATIENTS WITH CORRECTLY FITTED SHOES

For the specific purpose of enlarging and improving the service of the Department in respect to the physical and mental welfare of all patients in the institutions under its charge, a complete and systematic plan for supplying patients with correctly fitted shoes was initiated in the closing weeks of the year.

Preliminary investigation of the best available procedure to this end was made which resulted in the adoption of a system by which the feet of each patient now resident in an institution under the jurisdiction of the Department, and thereafter of every patient admitted to any institution, will receive correct measuring, accurate and permanent recording of the size thereby determined, and correct fitting of shoes.

Decision to incorporate this service in the work of the Department arose from the conviction, after thorough investigation, that only an extremely small proportion of the patients have been, by the methods of supplying shoes heretofore employed, properly fitted. It became apparent that the installation and proper use of an adequate method of insuring the issuance of correctly-fitting footwear to the patients would not only contribute materially to their conscious comfort and general welfare but also provide another active therapeutic treatment for the mentally sick.

In the course of the investigations made by the Department for obtaining the most satisfactory system of foot-measuring and fitting, various individuals of high standing in this field were consulted.

It was finally decided that the measuring, recording and fitting methods best suited to the requirements and aims of the Department are those known as the Resco Footsize Measuring System, originated and perfected fifteen years ago by Mr. Elmer J. Bliss and donated by him to the United State Army, Navy and Marine Corps, which officially adopted it.

Without cost to the Department, Mr. Bliss has selected a corps of assistants skilled in the employment of the Resco System, who are at present engaged in making a survey of the feet of all patients in each institution under the Department's charge. This work is expected to occupy several months.

This corps of expert examiners are visiting each hospital, where they obtain and record by the Resco Footsize Measuring Machine the size and width of each patient's feet, record this data upon cards, and give each patient a trial fitting of shoes in order to test and prove the accuracy of each recorded footsize.

A copy of all data thus obtained is to be furnished to the head of each institution, and duplicates thereof to the Department.

The sizes of the patients' feet are to be recorded in terms of the size-marking system employed in the manufacture of all footwear for the Department by the Department of Correction; and at the close of this survey the complete accumulative statistics of it, segregated as to adult males, adult females, and the several age divisions of juveniles as employed in the Department's records will be supplied by Mr. Bliss to the Department.

One of the important objectives of this project, which it is believed will be attained at the conclusion of the surveys, is the preparation of a complete schedule or tariff of styles, sizes and widths of shoes required for permanent stock at each institution and for a permanent general stock to be carried in a central depot to be selected at the proper time.

It is believed that this will effect important economies in the provision of foot wear for the several institutions, because it will permit the placing of advance orders for shoes in exact accordance with the requirements as to sizes and widths predetermined by the surveys, and avoid the ordering of excess quantities of sizes not required in the correct fitting of patients' feet.

In addition to the gratuitous service rendered by Mr. Bliss and his staff, whose names are mentioned below, the Department has received technical assistance from the following committee: Mr. Harvey D. Reed; Mr. L. F. Burdett; and Mr. A. W. Fish. Members of the staff: Mr. H. J. Christensen; Mr. Kenneth Matheson; Mr. R. C. Nobbs; Mr. Ralph W. Kearns; Mr. John O'Brien; Mr. S. C. Long; Mr. Roy Shinewald; Mr. James Scott; Mr. Roy H. Townsend; Mr. Arthur Whalen; Mr. Norman Soley; Mr. Henry Burrows.

The Department is also indebted to the following persons connected with the Department of Correction for their cooperation and assistance rendered in this survey: Mr. Roy H. Keith, Assistant to the Commissioner in Charge of Industries; Mr. Merton P. Young, Supervisor of Industries, Charlestown State Prison; and Mr. Frank Laskey, Superintendent of Shoe Industry, Charlestown State Prison.

STATE INSTITUTIONS AS TRAINING CENTERS FOR PERSONNEL

The Department thoroughly believes in the policy of State Institutions under the Department serving as training centers for personnel. Courses in training are made available to medical students, psychiatric social service workers, students in occupational therapy, and to student nurses from approved general hospitals. The Medical Schools at Harvard University, Tufts College, and Boston University utilize the facilities of some of the State hospitals under the Department for the training of medical students. All fourth-year students of Tufts Medical School are required, as a part of their training, to spend a month in residence, or a summer equivalent, as clinical assistants at the various mental hospitals, thus gaining an insight into the actual work of these institutions. It is the contention of the Department that this service is in the interests of mental hygiene and will eventually contribute to lessening the increasing load.

Requests have been received to give training to personnel from other states and countries. During the past year, Dr. K. A. J. Lalkaka, M. B., B. S., Capt. (Late) I. M. S., came from Bombay, India, for special psychiatric training, and training in administration, at the Worcester State Hospital. He will return to India at the completion of a year's period in which he has done exceedingly good work.

MENTAL CONDITION OF PERSONS COMING BEFORE THE COURTS

The facilities of the Department are being used in steadily increasing measure by the courts of the Commonwealth.

Under the provisions of Section 100 A, Chapter 123, General Laws (frequently referred to as the "Briggs Law"), the probation officer is required to notify the Clerk of the Court if a defendant indicted or bound over has been indicted more than once or previously convicted of a felony. The Clerk, in turn, then notifies the Department, which is directed to cause the person to be examined, "with a view to determine his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility". All persons indicted for a capital offense are reported, regardless of previous record.

With the enactment of perfecting amendments, the number of cases reported for examination has shown a steady increase. From an annual average for the years 1921-1926 of 84 cases, the number has grown to such an extent that in 1931, 797 cases were reported, 743 of them being examined, — an increase of 849%.

Provision is made by Section 99, Chapter 123, General Laws, whereby the judge of any court of the Commonwealth may request the Department to assign a member of a State hospital staff to make such examinations as he may deem necessary for the purpose of determining the mental condition "of any person coming before the Court". In 1930, the Supreme Judicial Court (*Sullivan vs the Judges*, 271 Mass. 435) interpreted the statute as being applicable to both civil and criminal cases. Although relatively little used up to that time, it has been employed to a considerable extent since then. In 1930, 41 requests were received from various courts under this section and 67 in 1931.

General Matters.

VISITORS

The Department and institutions thereunder continue to receive, from other states and countries, visitors who are interested in the work being done in Massachusetts in the care and treatment of the mentally ill and mentally defective.

"KNOLLWOOD"

Dr. Earle E. Bessey, who for many years conducted "Knollwood", a private institution licensed by this Department, died on February 16, 1931. The hospital was carried on by Dr. Charles B. Sullivan until the license was relinquished on May 31, 1931.

DEPORTATIONS

There are considered 262 cases, compared with 302 for the previous year. The Department deported 107 to other states and 5 to other countries; in all 112. In addition, the United States Commissioner of Immigration deported 27. Altogether 139 have been deported since December 1, 1930.

Since October 1, 1898, 4,241 persons have been deported by this Department.

Details of the deportation of cases under consideration are shown in Table 123.

RECOMMENDATIONS FOR LEGISLATION

1. *To Provide for the Disposal of Unclaimed Belongings of Patients at Certain State Hospitals, Known as "Patients' Valuables."* This legislation is desired to provide for the disposition of unclaimed belongings of former patients of State Hospitals — which shall have remained unclaimed for more than one year — after all known next of kin have been notified.

NEW LEGISLATION — 1931

Chapter 13. — An Act Relative to the Performance of Certain Duties of the Commissioner of Mental Diseases during his Absence or Disability.

Whereas, The deferred operation of this act would tend to defeat its purpose, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Section four of chapter nineteen of the General Laws is hereby amended by inserting after the word "prescribe" in the sixth and seventh lines the following: —, except that the commissioner, with like approval, may designate another person or persons in the department to perform, during such absence or disability, such specific duties as the commissioner may prescribe, and may revoke such designation, — so as to read as follows: — *Section 4.* The commissioner shall be the executive and administrative head of the department and may organize therein such divisions as he may determine. He may, with the approval of the governor and council, appoint and fix the compensation of an assistant commissioner, who shall discharge the duties of the commissioner during his absence or disability and perform such other duties as the commissioner may prescribe, except that the commissioner, with like approval, may designate another person or persons in the department to perform, during such absence or disability, such specific duties as the commissioner may prescribe, and may revoke such designation. The commissioner shall appoint and may remove such agents and subordinate officers as the department may deem necessary, and shall fix their compensation. Physicians, pathologists and psychiatrists shall be exempt from chapter thirty-one. (*Approved February 7, 1931.*)

Chapter 166. — An Act relative to the Disposition of Certain Insane Prisoners.

SECTION 1. Section one hundred and three of chapter one hundred and twenty-three of the General Laws, as amended by section two of chapter two hundred and thirteen of the acts of nineteen hundred and twenty-nine, is hereby further amended by striking out, in the tenth and eleventh lines, the words "there to be kept until returned to prison as provided in" and inserting in place thereof the words: — subject to the provisions of, — so as to read as follows: — *Section 103.* The superior court upon a report under the preceding section, if it considers the prisoner to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, and his removal expedient, shall issue a warrant, directed to the warden or superintendent, authorizing him to cause the prisoner, if a male, to be removed to the Bridgewater state hospital, and, if a female, to be removed to one of the state hospitals for the insane, subject to the provisions of section one hundred and five.

SECTION 2. Section one hundred and four of said chapter one hundred and twenty-three, as amended by section three of said chapter two hundred and thirteen, is hereby further amended by striking out, in the seventeenth and eighteenth lines, the words "there to be kept until returned as provided in" and inserting in place thereof the words: — subject to the provisions of, — so as to read as follows: — *Section 104.* If a prisoner under sentence in a jail, house of correction, or prison other than one named in section one hundred and two, appears to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his in-

sanity, the physician in attendance shall make a report thereof to the jailer or master who shall transmit the same to one of the judges mentioned in section fifty. If the judge finds in accordance with sections fifty and fifty-one that the prisoner is insane, or if he finds that the mental condition of the prisoner is such that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, and that his removal is expedient, he shall order the removal of such prisoner, if a male to Bridgewater state hospital, if a female to one of the state hospitals for the insane, subject to the provisions of section one hundred and five; provided, that if a male prisoner has not been criminal and vicious in his life the judge may order him removed to one of the state hospitals. A physician, other than the physician in attendance at the place of detention, making the certificate, shall be entitled to the compensation provided by section seventy-three.

SECTION 3. Said chapter one hundred and twenty-three, as most recently amended in section one hundred and five by section four of said chapter two hundred and thirteen, is hereby further amended by striking out said section one hundred and five and inserting in place thereof the following: — *Section 105.* When in the opinion of the trustees and superintendent of the state hospital to which a prisoner has been committed or removed under section one hundred, one hundred and three or one hundred and four, or of the commissioner of correction and the superintendent of the state farm in case of commitment or removal to the Bridgewater state hospital, the mental condition of the prisoner is such that he should be returned to custody or to the penal institution from which he was taken, they shall so certify upon the warrant or commitment, and notice, accompanied by a written statement regarding the mental condition of the prisoner, shall be given to the proper custodian or to the warden, superintendent, keeper or master of such penal institution, as the case may be, who shall thereupon cause the prisoner to be reconveyed to such custodian, or to such penal institution, there to remain pursuant to the original sentence if committed or removed under section one hundred and three or one hundred and four, computing the time of his detention or confinement in the said hospital as part of the term of his imprisonment under such sentence; provided, that a prisoner committed or removed to a state hospital under section one hundred, one hundred and three or one hundred and four for his proper care or observation pending the determination of his insanity shall, unless found to be insane as hereinafter provided, be returned in the manner hereinbefore provided to the penal institution or custody whence so taken, not later than thirty-five days thereafter, but such prisoner shall in all other respects be subject to the provisions of this section. If a prisoner committed as insane under section one hundred, who has not been restored to sanity, is returned as aforesaid because in the opinion of the trustees and superintendent, or of the commissioner of correction and superintendent, as the case may be, neither the public interest nor the welfare of the prisoner will be promoted by his further retention in the hospital, they shall so certify upon the warrant or commitment and shall append thereto a report relative to the prisoner's mental condition as affecting his criminal responsibility and the advisability of his discharge or temporary release from the penal institution or custody to which he is returned. If a prisoner, committed or removed under section one hundred, one hundred and three or one hundred and four for his proper care or observation as aforesaid, is found by the trustees and superintendent or by the commissioner of correction and superintendent, as the case may be, to be insane, the finding shall be certified upon the warrant or commitment, and the superintendent of the institution shall report the prisoner's mental condition to the court or judge issuing the warrant or commitment, or in case of the death, resignation or removal of the judge, to his successor in office, or in case of the absence or disability of the judge, to any judge or special justice of the same court, with the recommendation that the prisoner be committed as an insane person. The court, judge or justice may thereupon commit the prisoner to an institution for the insane, if, in the opinion of the court, judge or justice, such commitment is necessary. The provisions of this section relative to the return to custody or to a penal institution of a prisoner taken therefrom under section one hundred, one hundred and three or one hundred and four, shall apply, so far as apt, to a prisoner committed under this section. (*Approved April, 2, 1931.*)

Chapter 214. — An Act rendering certain Feeble-minded Persons incapable of Contracting Marriage.

Chapter two hundred and seven of the General Laws is hereby amended by striking out section five and inserting in place thereof the following: — *Section 5.* An insane person, an idiot, or a feeble-minded person under commitment to an institution for the feeble-minded, to the custody or supervision of the department of mental diseases, or to an institution for mental defectives, shall be incapable of contracting marriage. The validity of a marriage shall not be questioned by reason of the insanity, idiocy or of the feeble-mindedness aforesaid of either party in the trial of a collateral issue, but shall be raised only in a process instituted in the lifetime of both parties to test such validity. (*Approved April 16, 1931.*)

Chapter 215. — An Act requiring Mental and Physical Examinations of Children before being Committed as Delinquents.

Chapter one hundred and nineteen of the General Laws is hereby amended by inserting after section fifty-eight the following new section: — *Section 58A.* Prior to the commitment, by way of final disposition to any public institution or to the department, of a child adjudged to be a delinquent child, the court shall cause such child to receive thorough physical and mental examinations, under rules and regulations prescribed by the commissioner of mental diseases. The court shall cause copies of the reports showing the results of such examinations and of the investigation made by the probation officer to be forwarded to the superintendent of the institution to which such child is committed or to the department, as the case may be, with the warrant of commitment. (*Approved April 16, 1931.*)

Chapter 288. — An Act relative to the Commitment of Feeble-minded Persons.
G. L. 123, Section 66, etc., amended.

Order of commitment to certain institutions for feeble-minded persons.

SECTION 1. Section sixty-six of chapter one hundred and twenty-three of the General Laws, as most recently amended by section seven of chapter two hundred and ninety-three of the acts of nineteen hundred and twenty-five, is hereby further amended by inserting after the word "certificate" in the eleventh line the words: —, except that the physician's examination of the alleged feeble-minded person shall have occurred within ten days of the signing and making oath to the certificate, which shall bear date not more than twenty days prior to the commitment of such person, — and by inserting after the word "committed" in the fourteenth line the following sentence: — Such order shall be void if such person shall not be received at the school named therein within sixty days after the date of such order, — so as to read as follows: — *Section 66.* Any judge of probate, within his county, upon written application, if he finds that a person residing or being within said county is a proper subject for the Walter E. Fernald state school, the Belchertown state school or the Wrentham state school, may commit him thereto by an order of commitment, directed to the trustees thereof, made in accordance with section fifty-one, and accompanied by a certificate in accordance with section fifty-three by a physician, qualified as therein provided, that such person is a proper subject for said school, and all provisions of said section shall apply to such certificate, except that the physician's examination of the alleged feeble-minded person shall have occurred within ten days of the signing and making oath to the certificate, which shall bear date not more than twenty days prior to the commitment of such person. The order of commitment shall also direct the sheriff, deputy sheriff, constable, police officer, or other person to apprehend and convey the said person to the school to which he has been committed. Such order shall be void if such person shall not be received at the school named therein within sixty days after the date of such order. Unless the person sought to be committed is present at the time of the hearing, or the application is made by some one legally entitled to his custody, notice of the application and of the time and place of hearing shall be given to the person sought to be committed, and the order of commitment shall state what notice was given or the finding of facts which made notice unnecessary, and shall authorize custody of the person until he shall be discharged by order of a court or otherwise in accordance with law.

SECTION 2. Section seventy of said chapter one hundred and twenty-three is hereby amended by inserting at the beginning thereof the words: — Except as provided in section sixty-six, — so as to read as follows: — *Section 70.* Except as

provided in section sixty-six, an order of commitment of a person to an institution shall be void if such person shall not be received at the institution within thirty days after the date of such order. (*Approved May 5, 1931.*)

Chapter 309. — An Act authorizing the Department of Mental Diseases to take or purchase property in the Town of Wrentham for the Wrentham state school. (Approved May 12, 1931.)

Chapter 358. — An Act extending the provisions of law relative to the Examination of Mentally Retarded Children.

Chapter seventy-one of the General Laws, as amended in section forty-six by chapter two hundred and thirty-one of the acts of nineteen hundred and twenty-two, is hereby further amended by striking out said section and inserting in place thereof the following: — *Section 46.* The school committee of every town shall annually ascertain, under regulations prescribed by the department and the department of mental diseases, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston, who is three years or more retarded in mental development within the meaning of this section, shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (*Approved May 26, 1931.*)

Chapter 420. — An Act relative to the Support of Dependent Parents of Insane Persons under Guardianship.

Chapter two hundred and one of the General Laws is hereby amended by inserting after section forty-three the following new section: — *Section 43A.* The probate court, upon the application of the guardian or dependent parent of an insane person, and after such notice to all other persons interested as it directs, may authorize such guardian to apply towards the support of such dependent parent such portion of the estate of such insane person not required for his own maintenance and support as it may order. (*Approved June 9, 1931.*)

Chapter 34. — Resolve providing for an Investigation relative to the Further Care and Supervision of certain Mentally Retarded Children in the Public Schools.

Resolved, That the commissioner of education and the commissioner of mental diseases, acting jointly, are hereby authorized and directed to investigate relative to the expediency and feasibility of establishing, in connection with the public school systems of the several cities and towns within the commonwealth, facilities for the supervision, outside of school hours, of mentally defective and retarded children attending special classes established under section forty-six of chapter seventy-one of the General Laws, and relative to the advisability of establishing facilities for the social supervision of all children under twenty-one years of age who formerly attended said special classes. For the purposes of this resolve, said commissioners may expend such sum, not exceeding twelve thousand dollars, as may hereafter be appropriated. Said commissioners shall report to the general court the results of their investigation and their recommendations, if any, together with drafts of legislation necessary to carry such recommendations into effect, by filing the same with the clerk of the senate on or before the first Wednesday in December in the year nineteen hundred and thirty-two. (*Approved June 2, 1931.*)

Chapter 57. — Resolve authorizing the Department of Mental Diseases to Sell and the County Commissioners of Middlesex County to buy Electricity for the use of the Middlesex County Tuberculosis Hospital. (Approved June 9, 1931.)

The Reports of the various Divisions and Committees of this Department follow in order.

GEORGE M. KLINE, Commissioner.

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS
To the Commissioner of the Department of Mental Diseases:

On December 1, 1930 the Committee on Training Schools consisted of Dr. E. H. Cohoon, Chairman; Dr. William A. Bryan and Dr. Ralph M. Chambers, members; and Dr. Earl K. Holt, Secretary. Dr. Cohoon resigned from the Committee shortly after the beginning of the year, and on January 5, 1931, the Commissioners of the Department appointed Dr. William A. Bryan, Chairman, to succeed Dr. Cohoon. At the same time, Dr. Roderick B. Dexter was appointed a member of the Committee to fill the vacancy caused by Dr. Cohoon's resignation and Dr. Bryan's appointment as Chairman of the Committee.

During the past year, schools for regular nurses training were conducted at the Danvers State Hospital, Medfield State Hospital, Monson State Hospital, Taunton State Hospital, Westborough State Hospital, and the Worcester State Hospital. In previous years, nurses training courses were conducted at the Grafton State Hospital, but at the present time no new classes are being formed at this institution, and the Training School will be discontinued after the graduation of the present senior class, which was originally enrolled October 1, 1929. The training course provided at these schools consists of three years' instruction in practical work, — the first and third years being taken at the State hospitals and the second year being provided at general hospitals through affiliation. The entrance requirements for admission to the course, the required curriculum, and the standards governing promotion and graduation, conform to the requirements of the State Examining Board, and are sufficient to establish eligibility for examination for registration in Massachusetts and in many other States.

In June, 1931, examinations were given to ninety junior pupil nurses. Of these, 85 passed and 5 failed to pass. Examinations were also given to 38 senior pupils, of whom 37 passed and one failed.

At the beginning of the school year October 1, 1931, the hospitals conducting Nurses' Training Schools showed enrollment as follows:

<i>Hospital</i>	<i>Junior</i>	<i>Inter- mediate</i>	<i>Senior</i>	<i>Total</i>
Danvers State Hospital	20	19	4	43
Grafton State Hospital	0	0	6	6
Medfield State Hospital	20	12	4	36
Monson State Hospital	17	8	3	28
Taunton State Hospital	17	12	5	34
Westborough State Hospital	20	14	9	43
Worcester State Hospital	26	21	8	55
Total	120	86	39	245

In the last annual report of the Committee on Training Schools a description was given of the two year course in psychiatric training, with a total of 152 instruction hours for juniors, and 140 instruction hours for seniors, in addition to certain periods of practical experience, and was outlined in full. This course is conducted at all of the hospitals except those giving the three year regular training course.

At the examination in June, 1931, a total of 43 junior pupils successfully passed the examination and became eligible for enrollment as seniors in the opening of the fall class in October.

The enrollment of pupils in the psychiatric training course as of November 1, 1930 is as follows:

<i>Hospital</i>	<i>Juniors</i>	<i>Seniors</i>	<i>Total</i>
Boston State Hospital	30	10	40
Foxborough State Hospital	17	5	22
Gardner State Colony	24	9	33
Grafton State Hospital	0	7	7
Northampton State Hospital	9	9	18
Total	80	40	120

To date, there have been no graduates from the psychiatric training course as classes have not been in existence a sufficient time to permit completion of a full

two years. Thus far, however, the curriculum appears to be generally satisfactory, and no changes in the curriculum have been made. It seems to be apparent in those institutions giving the course that the attendant nursing service has been favorably influenced by the existence of the school. In addition to the pupils actually enrolled in the course, the other attendant nurses have sensed the necessity for careful attention to their work, and the effect on the entire nursing service has been stimulating.

Several institutions of the Department have provided affiliate training courses for the pupils of general hospitals who desire to receive instruction and experience in the nursing of mental cases. The period of affiliation is for three months, and the affiliated pupils are transferred from the general hospitals to the hospitals of this Department during the period of affiliation. At the State hospital, they receive full maintenance and a salary equivalent to that paid at the general hospital where they are regularly enrolled, but not in excess of ten dollars per month.

The policy of the Department outlined in the annual report of November 30, 1930, of allowing the hospital to assign two affiliate pupils in place of one regular attendant nurse, and to employ an Assistant Principal if more than twelve affiliates are are continuously at the State hospital, has continued during the past year. During the year ending November 30, 1931, the Danvers State Hospital has provided psychiatric training for the pupils of general hospitals in the vicinity of Danvers.

The State Hospitals providing affiliate training in psychiatric nursing as of November 30, 1931 are as follows: Boston Psychopathic Hospital, 14; Danvers State Hospital, 5; Taunton State Hospital, 10; Worcester State Hospital, 21; Total, 50.

This affiliate training is given consecutively to groups of students from the general hospitals, and as soon as one group leaves the State hospital another group enters, so that, during the course of twelve months, approximately two hundred pupils of general hospitals will receive this affiliate training. These pupils are members of training schools of some twenty-five general hospitals distributed through Massachusetts.

At the Monson State Hospital, affiliate training in Pediatrics, is given to the pupils of a general hospital in Pittsfield. The course is for three months, and the pupils are assigned to the State hospitals in groups of six, — so that in the course of twelve months training in Pediatrics is given to twenty-four pupils of the General hospital.

From the foregoing tabulations in this report, it will be seen that during the period of one year some 589 pupils will receive instruction in the hospitals of the Department either as regularly enrolled students nurses, or as pupils of the psychiatric school, or as affiliate pupils from general hospitals who undergo a period of three months' instruction in a State institution. In addition, all the hospitals of the Department conduct a course of three months' instruction by lecture and demonstration to all recently appointed attendant nurses. This course is given at least once during the year, and at most hospitals is given twice, and in some instances is given three times during the twelve months.

During the year, there was a meeting of the Nurses' Training School Committee (June 1) to select questions for examinations, and a meeting July 15 to consider examination grades. On November 13, there was a meeting of the Committee, together with the Principals of the Training Schools in Room 446, State House, Boston, to consider the present status of training schools, and to ascertain the progress of the new course in psychiatric nursing, and also to discuss the possibility of changing the style of uniforms now required for pupil nurses and attendant nurses. The Committee strongly hopes that by the time the first class is graduated from the psychiatric course, some plan will have been developed to bring recognition to the graduates of this school by the creation of a grade in the official classification chart that will permit the institutions to retain these graduates in the service at a salary rate in advance of that paid to employees who have not completed such training.

Respectfully submitted,
EARL K. HOLT,

Secretary.

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1931. Tables 1-11, inclusive, immediately follow this report.)

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1931. This report has embodied in it the finances of the Department and the institutions under its financial control together with the reports of the Department's Engineer, Assistant Engineer, and Farm Supervisor, containing information relating to the work of the Financial Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

In the Department's training school for stewards, which was started in 1929 from money made available for the purpose by the legislature, a student was appointed to the position of steward at one of the institutions. Another student was in training until August first, when he resigned, and from then on there have been no students in training.

In the early part of the year standards were adopted by the Stewards' Association for specifications for shoes for patients, of the following types: men's working shoe, men's dress shoe, men's oxford, women's high shoe, women's oxford and women's oxford buskin. These shoes are made by the Department of Correction and have proved to be very satisfactory.

During the year a system entitled "Equipment as Standardized" for outlying cottages, buildings, wards, etc. was adopted. When completely installed the taking of the annual inventory will be greatly facilitated.

The Stewards' Association adopted samples of cotton and linen materials to be used as standards for purchasing. The samples were sent to each institution in book form so that when goods are received from the contractor they may be compared to see if they agree with the standard.

During the year institutions were put on the basis of paying salaries and wages by check.

In Table I are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to \$340,791.98, an increase of \$41,913.82 over that of the previous year. Of this increase \$9,062.42 comes under the heading of Personal Services, with approximately \$31,000 accounted for in the various research projects sponsored by the Department. The remainder is due to slight increases in expenses and persons boarded in family care. For a period of four months, due to lack of funds, the Department assumed for an institution the board of 6 patients in family care which accounts for the increase.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then the receipts which are for sales only. Receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expense arrived at by deducting receipts from the gross expense and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$7.137; that for the schools for mental defectives is \$6.996; with an average of \$7.111 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1930, the average per capita cost for the twelve mental hospitals was \$7.03, or \$.107 less than the fiscal year 1931. For the schools for mental defectives for the fiscal year 1930 the average per capita cost was \$7.247, or \$.251 more than the average per capita cost for the fiscal year 1931. Taking the total of the fifteen institutions for 1930, the average per capita cost was \$7.316, as compared with the average per capita cost for 1931 of \$7.111, or \$.215 more than the average for 1931. As the net weekly per capita cost for the Boston Psycho-

pathic Hospital is exceptional compared with that of the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital, for 1931, is \$6.916, and the average per capita cost for the fifteen institutions, computed without the Boston Psychopathic Hospital is \$6.931.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1930, an increase is shown under Personal Services caused by additional personnel necessary to increased population; a large decrease is noted under Food which is due to the decline of food prices; decreases under all other classifications except Medical and General Care appear.

The average weekly per capita cost for personnel for 1930 was \$3.69 and for 1931, \$3.79, an increase of \$.10 from 1930. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a decrease under all headings. (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the Act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during this fiscal year. As stated in the report of 1928, this table was a departure from those published in previous years, inasmuch as it dealt with indebtedness incurred and balances available rather than with actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. The purpose of this departure was that the table more clearly represented the actual condition of the appropriation in that it showed the true balance available for additional expenditures. It is felt that the information thus given has met with approval of those desirous of following the progress of any of the activities therein listed.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$908,249.65, a decrease from the receipts of 1930 of \$31,453.87. The per capita amount received in 1931, based on average daily patient population, was \$39.57. The receipts from paying patients were 10.67% of the total cost of maintenance. (Table 8).

Section 27, Chapter 123 of the General Laws reads as follows: "The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefit is derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Colony, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. An idea of the work done may be obtained by the following list of material printed during the year: 499,000 letter heads, 37,000 envelopes, 37,375 Christmas folders and envelopes, 1,000 Department annual reports, 9,100 institution annual reports, 9,500 booklets, 2,400 bulletins, and medical and other forms and cards of 309 varieties, total approximately 3,453,025 pieces of printing. The printing plant

recently has started the printing of pay roll checks for the institutions. During the year 50,000 checks were printed. The foregoing shows an increase of 603,025 pieces printed, at the expense of \$5,120.96, which is \$630.56 less than the expense of 1930.

The reports of the Departments' Engineer, Assistant Engineer, and Farm Supervisor are appended.

REPORT OF DEPARTMENT ENGINEER

The policy of the administration of enlarging the construction program to relieve unemployment put a sudden load on the Department in preparing a two year building program to be placed on the market at the earliest possible date. The list of buildings selected to be added to those requested as necessary in the original budget were as far as possible buildings which were standardized to an extent that very little work by the architects was necessary to adapt them to present needs.

Appropriations for major projects of the year were as follows: — construction of a reception building at the Boston State Hospital, construction for renovation of rear center at the Danvers State Hospital, erection of a coal trestle and construction and equipment of a new heating plant at the Gardner State Colony, new boilers at the Medfield State Hospital, construction of a male nurses' home at the Northampton State Hospital, new boilers at the Taunton State Hospital, renovation of the Childs Building and construction of an assembly building at the Westborough State Hospital, and construction of an infirmary building and new heating plant, with equipment, at the Monson State Hospital.

The reception building at the Boston State Hospital when completed will furnish modern hospital facilities for examination, observation, classification and scientific treatment of all cases admitted, advantageously centralized in one building.

The construction work on renovation of the rear center at the Danvers State Hospital is a continuation of the program started in 1930,

To take care of the additional load necessitated by the opening of new buildings it was necessary to increase the boiler capacity at the Gardner State Colony. Construction on a new boiler house and stack was started during the year. Modern equipment is being installed including water tube boilers, stokers and coal conveying machinery, with overhead bunker feeding the stokers. Three thousand tons of coal can be stored in the coal pocket adjacent to the power house, which will be filled from the new coal trestle.

Two 325 h. p. water-tube boilers were installed at the Medfield State Hospital to replace boilers over twenty years old.

A male attendants' home to house 100, was started at the Northampton State Hospital, to be completed in the early part of 1932.

Contracts were awarded and work started on the installation of two new water-tube boilers, smoke flue and the erection of a chimney at the boiler house of the Taunton State Hospital. These boilers will replace others which have been in service twenty-three years.

The assembly building at the Westborough State Hospital was practically completed. This building is similar to that built at Grafton and will have facilities for talkie movies and a stage for plays, club room and bowling alleys, etc.

The infirmary building at the Monson State Hospital was started and was well under way by the end of the year. This one-story building will house old and infirm bed-ridden patients, and is constructed from the standard plan of the Department. Open verandas to each dormitory, with closed in sun-porch section, permit feeble and delicate patients to obtain advantages of the sun.

Due to the expansion of the Monson State Hospital, it was necessary to replace the present heating plant and install modern equipment. Contracts were awarded and the work started on the erection of a new boiler house, coal pocket and side-track. The plant will be equipped with water tube boilers, underfeed stokers and overhead coal bunker with coal conveying machinery. The main portion of the work will be done in 1932.

Work at the Metropolitan State Hospital was continued with the erection of a male attendants' home and an assembly building with connecting tunnels. Plans were drawn and the contract awarded for a medical and surgical building, which is the first building of the Hospital group. Plans likewise have been completed

for the two units to be attached to the medical and surgical buildings, designed to care for the tubercular and infirm. Much work has been accomplished in grading about the various buildings, thus furnishing occupation for large numbers of patients. There still remains a great deal of landscaping and planting to be done.

Medical facilities were improved at Danvers State Hospital and Northampton State Hospital by the addition of modern X-ray equipment.

At the Medfield State Hospital progress was made on the installation of a new water supply system. A considerable increase was made in the plans originally drawn in order to take care of the water supply for the town of Medfield, which was provided for by an Act of the Legislature. Additional wells, a new stand-pipe and additional sewer beds were built at the Belchertown State School to take care of the increased population at this institution.

Changes were made in the power plant at the Foxborough State Hospital for the purpose of changing from direct current to alternating current, increasing the efficiency of the operation of the plant. At the Northampton State Hospital and the Walter E. Fernald State School the electric wiring was changed from direct current to alternating current and the electricity purchased rather than generated.

The installation of sprinklers at the Taunton State Hospital was continued on the program started a few years ago.

Alterations were completed to the heating system at the main hospital at the Worcester State Hospital, whereby the institution now is entirely on the vacuum system with the resultant saving in fuel with more effective heating. Changes were made in the heating plant at the Walter E. Fernald State School and more efficient operation obtained. Additional tunnels were built at the Wrentham State School, replacing some of the underground steam mains which have given considerable trouble.

Construction of new steam lines and the repairing of present badly eroded and leaky lines was started at the Grafton State Hospital, which when completed will give a complete loop system. The walls between boilers at the power house of the Westborough State Hospital were rebuilt and a new switchboard provided.

To eliminate undesirable trespassing the grounds of the Boston State Hospital were fenced on the principal streets bordering the institution.

Officers' cottages were built by institution labor at the Danvers State Hospital, Taunton State Hospital, and Worcester State Hospital. At the Grafton State Hospital the program of constructing steel sash sun porches on the Pines "C" and "D" buildings to provide additional day space for noisy female patients was completed.

The demand for additional beds at the schools for mental defectives met with appropriations for a large building program which included the erection of a contagious hospital, an assembly building, infirmary building, employees' dormitory, nursery building, and two additional schoolrooms at the Walter E. Fernald State School. At the Wrentham State School appropriations were made for an infirmary building and an employees' building to house 75. Appropriations for the Belchertown State School were made for the following; schoolhouse and gymnasium building, employees' cottage, industrial building and nursery building.

Plans for the assembly buildings, infirmaries, employees' buildings and nurseries have been standardized by the Department and the resultant work necessitated by the large program made it imperative to add the services of an assistant in the engineering office to the personnel.

The usual routine work was carried on, studies were made and conferences held relative to building programs and budget requests. New construction was supervised and inspected by clerks of the works under the engineer.

Frequent visits were made to institutions for the purpose of inspection and assistance in operation problems.

REPORT OF THE ASSISTANT ENGINEER

Particular emphasis has been placed during the past fiscal year on projects appearing in the Repairs and Renewals section of the institution appropriations, in an endeavor to carry on a program aimed to secure vitally needed repair items. To this end, personal contact was made with the institutions, suggested items studied and important items included in the requests for appropriations. The

fire protection program was carried on with modern hydrants and fire lines installed at the Danvers State Hospital; extension of fire-alarm systems at the Gardner State Colony and the Westborough State Hospital, and fire protection provided for the Women's Building at the Monson State Hospital. A motor driven combination fire truck was purchased for the Foxborough State Hospital, and an automatic sprinkler system installed in the basements of the Medfield State Hospital. A continuation of the program of installing fireproof floors and renovating the baths and clothing rooms at the Taunton State Hospital was made.

An oil burner installation was made in the bakery at the Taunton State Hospital which has resulted in a saving in the cost of operation of the bakery. Automatic refrigeration was installed at the Westborough State Hospital and the Grafton State Hospital. Other major items carried to completion were:— electric clock system in the main hospital and Middleton Colony at the Danvers State Hospital; modern street lights at the Grafton State Hospital; new kitchen and bakery equipment, reconstruction of female nurses' home and extension to main steam lines at the Westborough State Hospital; extension of driven well system and installation of radio equipment at the Wrentham State School.

The program of replacing asphalt shingle roofs with slate on the older employees' cottages at the Belchertown State School was continued.

Plans were drawn, specifications written and the construction supervised of the following special projects:

Employees' Cottage No. 9 and shop building at the Belchertown State School.

Pines D Solarium at the Grafton State Hospital.

Shop building at the Monson State Hospital.

Studies were made and plans drawn for a cow barn for the Gardner State Colony.

The new dairy group at the Worcester State Hospital was opened in September, 1931. The automatically ventilated cow-barn is of the "pen" type and the cows are milked in a separate room, the milk being delivered to the dairy through a sanitary pipe, eliminating all hand labor in the carrying of the milk.

Thirty-eight visits were made during the year to the institutions under the control of the Department in connection with maintenance and special appropriation work.

REPORT OF THE FARM SUPERVISOR

During the year 107 visits to institution farms were made, or an average of seven visits to each institution. Analysis of the year's business on the 15 farms shows a total net profit of \$409,037.05. The costs of production were lower than the previous year. The value of farm production for the year 1931 is \$1,013,411.07. (See tables 10 and 11).

The average number of cows for the year 1931 is 780.14 and the average milk production per cow is 12,425.60 pounds or 949.09 pounds average increase per cow over 1930. For the 14th consecutive year, an increase in milk production has been made.

This year's production of pork amounts to 712,147 pounds or an increase of 102,678 pounds over the production of 1930. This marked increase is the result of the sanitary program plus the introduction of pure bred males and females, thus establishing quality and high production.

The poultry plants have made the best showing in their history in egg production per hen.

In the early part of the year a new dairy building was opened at the Gardner State Colony.

In September the new pen barn and dairy barn were opened at Worcester State Hospital. The dairy machinery is electrically driven. Milking is done by "Combine Milker" and the cows are milked in a central milking room, thus making this one of the most efficient working outfits in the Commonwealth.

Respectfully submitted,

WARREN A. MERRILL,

Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1931

TABLE 1. — *Total Expenditures of Department and Institutions.*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
<i>Department of Mental Diseases</i>	\$258,884.77	\$81,907.21	—	\$340,791.98
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital . . .	162,090.20	83,222.80	—	245,313.00
Boston State Hospital . . .	435,342.35	362,460.41	\$175,906.25	973,709.01
Danvers State Hospital . . .	358,075.93	367,426.55	245,072.89	970,575.37
Foxborough State Hospital . . .	216,237.22	189,667.16	226,119.98	632,024.36
Gardner State Colony . . .	230,299.79	212,448.23	95,406.55	538,154.57
Grafton State Hospital . . .	301,374.70	257,508.76	96,150.92	655,034.38
Medfield State Hospital . . .	337,983.76	276,920.35	20,421.87	635,325.98
Metropolitan State Hospital . . .	132,335.11	190,002.62	478,823.69	801,161.42
Northampton State Hospital . . .	264,086.04	227,270.09	241,415.25	732,771.38
Taunton State Hospital . . .	308,062.82	240,894.29	25,095.41	574,052.52
Westborough State Hospital . . .	296,093.93	230,297.32	141,032.51	667,423.76
Worcester State Hospital . . .	439,274.95	360,763.69	53,706.11	853,744.75
Monson State Hospital (epileptic)	270,126.00	204,894.21	227,949.26	702,969.47
Total Hospitals . . .	\$3,751,382.80	\$3,203,776.48	\$2,027,100.69	\$8,982,259.97
<i>School for Mental Defectives:</i>				
Belchertown State School . . .	\$210,967.31	\$221,803.22	\$231,956.11	\$664,726.64
Walter E. Fernald State School . . .	330,151.19	286,710.82	245,852.80	862,714.81
Wrentham State School . . .	251,349.29	254,662.18	124,585.91	630,597.38
Total Schools . . .	\$792,467.79	\$763,176.22	\$602,394.82	\$2,158,038.83
Grand Total . . .	\$4,802,735.36	\$4,048,859.91	\$2,629,495.51	\$11,481,090.78

¹Less Sales.TABLE 2. — *Departmental Receipts and Expenditures.*

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1931	Brought Forward From 1930 Appropriation	Total Available		
Personal Services	\$129,000.00	—	\$129,000.00	\$124,345.46	\$4,654.54
Expenses	24,500.00	\$1,070.38	25,570.38	21,295.52	4,274.86
Transportation	15,500.00	418.25	15,918.25	15,910.17	8.08
Persons Boarded in Family Care . . .	4,500.00	—	4,500.00	3,448.39	1,051.61
Persons Boarded in Hospital Cottages .	17,000.00	—	17,000.00	14,195.60	2,804.40
Investigation of Mental Diseases and Defects	84,885.00	25,525.16	110,410.16	97,830.35	12,579.81
Psychiatric Examination of Prisoners	65,000.00	680.67	65,680.67	63,766.49	1,914.18
Total	\$340,385.00	\$27,694.46	\$368,079.46	\$340,791.98	\$27,287.48

Receipts.

Payable to State Treasurer:	
For support of patients in Family Care	—
For support of patients in Hospital Cottages	
Licenses	\$925.00
Interest	138.83
Total	\$1,063.83
Testimony Fees	4.00
Received for forms, etc.	161.24
Total	\$1,229.07

TABLE 3. — *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution.*
(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated for 1931	Balance from 1930	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$253,100.00	\$6,327.26	\$259,427.26	\$245,474.52	\$161.52	\$245,313.00	83.80	\$56.141
Boston State Hospital	841,480.00	21,684.99	863,164.99	798,343.33	540.57	797,802.76	2,169.09	7.054
Danvers State Hospital	737,490.00	13,495.70	750,985.70	728,036.16	2,533.68	725,502.48	2,049.53	6.789
Foxborough State Hospital	412,000.00	3,723.81	435,723.81	407,732.03	1,827.65	405,904.38	1,034.29	7.526
Gardner State Colony	475,800.00	5,630.73	481,430.73	448,393.72	5,645.70	442,748.02	1,275.28	6.658
Grafton State Hospital	568,400.00	6,118.50	574,518.50	561,701.14	2,817.68	558,883.46	1,427.29	7.509
Medfield State Hospital	637,860.00	14,497.14	652,357.14	616,605.50	1,701.39	614,904.11	1,785.52	6.605
Metropolitan State Hospital	369,420.00	29,668.97	399,088.97	322,892.23	534.50	322,337.73	895.90	6.900
Northampton State Hospital	522,400.00	10,425.11	532,825.11	492,349.50	933.37	491,356.13	1,569.70	6.003
Taunton State Hospital	574,920.00	11,998.49	586,918.49	549,904.88	947.77	548,957.11	1,503.52	7.002
Westborough State Hospital	544,140.00	7,363.44	551,503.44	529,687.10	3,295.85	526,391.25	1,382.67	7.301
Worcester State Hospital	830,620.00	20,459.15	851,079.15	803,114.60	3,075.96	800,038.64	2,197.06	6.984
Monson State Hospital (epileptic)	510,150.00	3,374.55	513,524.55	477,685.86	2,665.65	475,020.21	1,316.12	6.922
Total	\$7,277,800.00	\$164,767.84	\$7,442,567.84	\$6,981,920.57	\$26,761.29	\$6,955,159.28	18,689.77	\$7.137
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$447,230.00	\$461.30	\$447,691.30	\$434,332.91	\$1,562.38	\$432,770.53	1,063.12	\$7.807
Walter E. Fernald State School	646,940.00	23,381.85	670,321.85	618,569.98	1,707.97	616,862.01	1,653.24	7.158
Wrentham State School	548,000.00	11,388.18	559,388.18	508,111.06	2,099.59	506,011.47	1,548.22	6.268
Total	\$1,642,170.00	\$35,231.33	\$1,677,401.33	\$1,561,013.95	\$5,369.94	\$1,555,644.01	4,264.58	\$6.996
Grand Total	\$8,919,970.00	\$199,999.17	\$9,119,969.17	\$8,542,934.52	\$32,131.23	\$8,510,803.29	22,954.35	\$7.111

¹Receipts from Sales only.

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution.*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$161,996.44	\$37.07	\$1,790.00	\$.41	\$5,681.34	\$1.30	\$30,783.42	\$7.05
Boston State Hospital	435,046.21	3.85	2,079.98	.02	7,441.41	.07	164,214.93	1.45
Danvers State Hospital	357,811.26	3.35	2,041.47	.02	8,831.85	.08	110,517.16	1.03
Foxborough State Hospital	216,107.83	4.01	1,519.00	.03	5,986.16	.11	54,723.04	1.01
Gardner State Colony	230,143.14	3.46	1,493.25	.02	4,262.76	.07	53,174.50	.80
Grafton State Hospital	301,145.31	4.05	1,524.00	.02	4,857.86	.07	73,461.64	.99
Medfield State Hospital	337,715.70	3.63	2,070.00	.02	5,641.71	.06	101,673.34	1.09
Metropolitan State Hospital	132,294.81	2.83	1,380.00	.03	5,677.18	.12	69,258.85	1.48
Northampton State Hospital	263,916.65	3.22	1,220.00	.01	5,835.68	.07	85,497.75	1.04
Taunton State Hospital	307,868.13	3.93	1,805.00	.02	6,464.87	.08	82,995.38	1.06
Westborough State Hospital	295,889.33	4.10	1,497.68	.02	6,494.72	.09	73,362.16	1.02
Worcester State Hospital	438,963.98	3.83	2,440.00	.02	10,460.11	.09	132,288.69	1.15
Monson State Hospital (epileptic)	269,903.72	3.93	1,515.92	.02	5,303.29	.08	57,536.70	.84
Total	\$3,748,793.51	\$3.85	\$22,376.30	\$.02	\$82,958.94	\$.09	\$1,089,487.56	\$1.12
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$210,829.67	\$3.80	\$1,530.00	\$.03	\$7,558.30	\$.14	\$61,682.68	\$1.11
Walter E. Fernald State School	329,905.53	3.83	2,630.00	.03	8,071.86	.09	83,999.11	.97
Wrentham State School	251,163.94	3.11	1,777.50	.02	6,512.89	.08	84,545.06	1.05
Total	\$791,899.14	\$3.56	\$5,937.50	\$.03	\$22,143.05	\$.10	\$230,226.85	\$1.04
Grand Total	\$4,540,692.65	\$3.79	\$28,313.80	\$.02	\$105,101.99	\$.09	\$1,319,714.41	\$1.10

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued.*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT, LIGHT AND POWER	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$1,125.41	\$.26	\$5,017.57	\$1.15	\$17,736.85	\$4.06	\$9,739.67	\$2.23
Boston State Hospital	26,044.16	.23	31,385.78	.30	36,737.20	.32	51,637.53	.46
Danvers State Hospital	23,368.87	.22	35,747.69	.33	56,236.43	.53	60,990.52	.57
Foxborough State Hospital	13,164.95	.24	17,394.44	.33	15,409.85	.29	38,957.74	.72
Grafton State Hospital	13,875.24	.21	20,917.69	.31	24,452.33	.37	37,152.76	.56
Gardner State Hospital	20,539.62	.28	26,033.77	.35	18,847.68	.25	44,491.95	.60
Medfield State Hospital	19,893.97	.21	29,731.39	.32	11,912.35	.13	46,400.83	.50
Metropolitan State Hospital	18,460.27	.40	20,743.34	.44	11,956.89	.26	40,374.61	.86
Northampton State Hospital	8,457.17	.10	26,054.59	.32	12,220.03	.15	32,106.88	.39
Taunton State Hospital	14,686.99	.19	27,404.34	.35	18,481.90	.24	28,459.10	.36
Westborough State Hospital	14,471.83	.20	24,093.52	.33	12,990.38	.18	37,958.05	.53
Worcester State Hospital	15,262.19	.13	33,933.78	.30	43,909.24	.38	62,798.55	.55
Monson State Hospital (epileptic)	11,195.19	.16	26,557.56	.39	11,971.90	.17	39,613.10	.58
Total	\$200,545.86	\$.21	\$328,015.46	\$.34	\$292,863.03	\$.30	\$530,661.29	\$.54
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$24,178.27	\$.44	\$27,883.79	\$.50	\$11,161.32	\$.20	\$29,119.06	\$.53
Walter E. Fernald State School	23,476.99	.27	29,912.27	.35	25,380.14	.29	43,487.19	.50
Wrentham State School	24,474.32	.30	22,120.85	.27	9,890.94	.12	36,102.47	.45
Total	\$72,129.58	\$.32	\$79,876.91	\$.36	\$46,432.40	\$.21	\$108,708.72	\$.49
Grand Total	\$272,675.44	\$.23	\$407,892.37	\$.34	\$339,295.43	\$.28	\$639,370.01	\$.53

TABLE 4. — *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded.*

INSTITUTIONS	FARM		GARAGE, STABLE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospital for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$288.60	\$.07	\$3,770.10	\$.87	\$7,152.02	\$1.65
Boston State Hospital	\$6,164.47	\$.05	8,529.91	.08	14,698.19	.13	10,664.67	.09
Denvers State Hospital	25,013.90	.23	5,054.84	.05	25,511.17	.24	14,092.65	.13
Foxborough State Hospital	21,719.17	.40	3,904.44	.07	8,109.07	.15	8,779.30	.16
Gardner State Colony	30,615.65	.46	5,818.26	.09	14,457.99	.22	6,247.80	.09
Grafton State Hospital	29,745.02	.40	5,987.98	.08	16,404.90	.22	15,614.34	.21
Medfield State Hospital	28,628.06	.31	4,614.80	.05	18,907.52	.20	7,446.44	.08
Metropolitan State Hospital	4,221.48	.09	4,408.88	.09	8,966.63	.19	4,554.49	.10
Northampton State Hospital	27,475.80	.34	4,678.21	.06	14,182.21	.17	9,541.77	.12
Taunton State Hospital	26,093.33	.33	6,333.16	.09	13,399.44	.17	14,713.64	.19
Westborough State Hospital	20,375.79	.28	5,416.49	.08	14,656.13	.20	19,000.57	.26
Worcester State Hospital	27,785.46	.24	5,138.86	.04	17,557.03	.15	9,189.78	.08
Monson State Hospital (epileptic)	24,559.46	.36	5,873.54	.09	9,728.25	.14	11,039.30	.16
Total	\$277,397.53	\$.28	\$66,047.97	\$.07	\$180,328.63	\$.19	\$138,036.77	\$.14
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$32,531.55	\$.59	\$7,387.09	\$.13	\$10,945.99	\$.20	\$7,825.17	\$.14
Walter E. Fernald State School	35,547.98	.41	4,639.70	.05	15,386.40	.18	14,219.18	.16
Wrentham State School	32,968.22	.41	5,421.14	.07	14,041.19	.17	16,807.60	.21
Total	\$101,047.75	\$.45	\$17,447.93	\$.08	\$40,373.58	\$.18	\$38,851.95	\$.17
Grand Total	\$373,445.28	\$.31	\$83,495.90	\$.07	\$220,702.21	\$.18	\$176,888.72	\$.15

TABLE 5. — Analysis of Pay Rolls — By Institution.

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$7.13	\$9.56	\$.48	\$19.90	\$37.09
Boston State Hospital . . . . .	.27	1.84	.11	1.61	3.84
Danvers State Hospital . . . . .	.22	1.59	.06	1.47	3.35
Foxborough State Hospital . . . . .	.29	1.57	.11	2.03	4.00
Gardner State Colony . . . . .	.22	1.57	.14	1.53	3.46
Grafton State Hospital . . . . .	.23	1.54	.08	2.17	4.05
Medfield State Hospital . . . . .	.22	1.65	.10	1.65	3.63
Metropolitan State Hospital . . . . .	.11	1.07	.04	1.61	2.83
Northampton State Hospital . . . . .	.26	1.39	.04	1.53	3.22
Taunton State Hospital . . . . .	.26	1.74	.08	1.85	3.93
Westborough State Hospital . . . . .	.25	1.65	.08	2.11	4.10
Worcester State Hospital . . . . .	.24	1.83	.08	1.66	3.83
Monson State Hospital (epileptic) . . . . .	.25	1.77	.05	1.86	3.93
Averages	\$.27	\$1.67	\$.08	\$1.81	\$3.84
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.24	\$1.44	\$.27	\$1.85	\$3.80
Walter E. Fernald State School . . . . .	.25	1.69	.37	1.51	3.83
Wrentham State School . . . . .	.19	1.55	.27	1.09	3.11
Averages	\$.22	\$1.58	\$.31	\$1.44	\$3.56
Total Averages	\$.26	\$1.65	\$.13	\$1.74	\$3.79

TABLE 6. — Rotation in Service of Persons Employed in Institutions.

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.74	2.62	3.21	1.47	1.92
Boston State Hospital	1.65	1.84	1.56	1.88	1.84
Danvers State Hospital	1.84	1.98	1.38	1.78	1.89
Foxborough State Hospital	2.13	2.39	1.32	1.53	1.96
Gardner State Colony	1.70	1.93	1.18	1.51	1.73
Grafton State Hospital	1.67	1.77	1.50	1.45	1.60
Medfield State Hospital	1.53	1.59	1.18	1.42	1.51
Metropolitan State Hospital	2.69	2.27	2.19	1.96	2.13
Northampton State Hospital	1.15	2.42	2.19	1.47	1.98
Taunton State Hospital	1.69	2.15	1.54	1.80	2.01
Westborough State Hospital	1.65	2.38	1.44	1.80	2.07
Worcester State Hospital	2.03	2.24	1.34	1.53	1.94
Monson State Hospital (epileptic)	1.78	1.91	1.44	1.40	1.69
Average	1.76	2.06	1.48	1.61	1.85
<i>School for Mental Defectives:</i>					
Belchertown State School	1.17	2.00	1.80	1.43	1.73
Walter E. Fernald State School	1.41	1.83	1.66	1.49	1.69
Wrentham State School	1.17	2.15	1.84	1.49	1.93
Average	1.27	1.98	1.75	1.47	1.78
Total Average	1.69	2.05	1.60	1.60	1.84

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings.

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1931	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Year	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital								
Boston State Hospital								
Employees' Bldg., Greenhouse, etc.	—	—	—	—	—	—	—	—
Renewing Steam Lines	115	1930	\$158,000.00	\$5,000.00	\$133,829.72	\$25,614.10	\$159,443.82	\$3,556.18
Administration Building	460	1931	—	—	—	—	—	—
Sewer and Water Extension	146	1929	40,000.00	—	59,492.85	1,989.00	61,481.85	5,918.15
Erection of Fence	115	1930	27,400.00	—	—	—	—	—
Reception Building	127	1928	180,000.00	—	180,000.00	—	180,000.00	—
Officer's Cottage	*115	1930	13,000.00	—	11,482.17	1,516.50	12,998.67	1.33
Renovation Rear Center	*115	1930	—	15,000.00	—	580.00	580.00	14,420.00
Sewage Disposal	245	1931	—	400,000.00	—	340,911.11	340,911.11	59,088.89
Remodeling Gas House and Grove Hall	115	1930	6,000.00	3,000.00	—	8,683.38	8,683.38	316.62
Power House and Steam Main	14	1931	200,000.00	122,000.00	289,712.22	10,724.17	300,436.39	21,563.61
X-Ray Equipment	245	1931	20,000.00	—	19,995.18	19,995.18	4.82	—
Purchase of Land	146	1929	37,000.00	—	35,355.24	1,445.39	36,800.63	199.37
Grading	146	1929	17,000.00	—	22,997.56	2.44	23,000.00	—
Furnishing Nurses' Home	115	1930	6,000.00	4,000.00	—	3,372.67	3,372.67	627.33
Replace Stairs, Install Grilles	245	1931	—	150.00	—	122.79	122.79	27.21
Renovation Ward C	460	1931	—	—	—	—	—	—
Female Ward Building	245	1931	—	3,000.00	—	3,000.00	3,000.00	—
Buildings Farm Colony	245	1931	—	4,600.00	—	4,426.52	4,426.52	173.48
Paint Shop	14	1931	—	4,700.00	—	4,365.62	4,365.62	334.38
Furnishings — Employees' Building	1	1931	—	7,000.00	—	6,999.37	6,999.37	.63
Furnishings — Officer's Cottage	460	1931	35,000.00	—	—	—	—	35,000.00
Power Equipment	115	1930	105,000.00	—	—	103,904.26	103,904.26	1,095.74
Employees' Building	115	1930	2,000.00	—	—	—	—	2,000.00
	115	1930	11,000.00	—	—	10,937.37	10,937.37	62.63
	115	1930	1,500.00	—	—	819.39	819.39	680.61
	386	1929	9,000.00	—	—	—	—	—
	*245	1931	—	—	—	3,260.25	3,260.25	5,739.75
	146	1929	110,000.00	—	189,117.81	3,274.72	192,392.53	107.47
	115	1930	82,500.00	—	—	—	—	—

Salvage Yard	146	1929	3,000.00	—	1,882.54	1,099.42	2,981.96	18.04
Officer's Cottage	146	1929	6,000.00	—	3,203.34	2,747.65	5,950.99	49.01
<i>Gardner State Colony</i>								
Furnishing Hospital Building	245	1931	—	9,300.00	—	7,418.71	7,418.71	1,881.29
Coal Treatise	245	1931	—	10,000.00	—	9,029.60	9,029.60	970.40
Building for Printing	115	1930	10,000.00	—	1,080.11	8,916.22	9,996.33	3.67
Employees' Cottage	115	1930	12,000.00	—	11,407.64	591.47	11,999.11	.89
Two Cottages for Officers	115	1930	10,000.00	—	9,733.65	46.34	9,779.99	220.01
Hospital Building	115	1930	150,000.00	—	147,780.08	1,615.17	149,395.25	604.75
Fire Alarm System	115	1930	25,101.10	—	4,834.20	—	4,834.20	165.80
Cow Barn	115	1930	10,000.00	—	—	3.75	3.75	9,996.25
Building for Semi-Disturbed Patients	146	1929	150,000.00	—	149,478.26	185.22	149,933.48	66.52
Additional Water Supply	126	1924	35,000.00	—	—	—	—	336.87
Employees' Cottage	398	1926	7,000.00	—	41,663.13	—	41,663.13	14,000.00
Additional Sewer Beds	245	1931	—	14,000.00	—	909.00	—	11,341.00
New Heating Plant Equipment	245	1931	—	12,250.00	—	125,510.03	125,510.03	24,489.97
<i>Grafton State Hospital</i>								
Chapel and Recreation Building	115	1930	80,000.00	—	73,270.95	5,870.49	79,141.44	858.56
Horse Barn	115	1930	8,000.00	—	6,739.97	1,141.54	7,881.51	118.49
Purchase of Certain Land	115	1930	600.00	—	35.00	427.00	462.00	138.00
Power Equipment	386	1929	4,550.00	—	—	—	—	1,489.00
426	1930	2,700.00	—	—	5,711.00	—	5,711.00	—
Sun Porch	146	1929	10,000.00	—	—	—	—	—
245	1931	—	—	88,000.00	—	—	—	—
Purchase of Land	146	1929	5,700.00	—	8,975.61	8,096.75	17,072.36	927.64
Renewing Steam Lines	245	1931	—	—	5,356.48	—	5,356.48	343.52
Additional Sewer Beds	138	1927	3,500.00	53,000.00	—	43,108.30	43,108.30	9,891.70
127	1928	7,300.00	—	—	—	—	—	—
115	1930	3,000.00	—	—	11,547.62	485.43	12,033.05	1,766.95
<i>Medfield State Hospital</i>								
Renovation of Bath Facilities	115	1930	10,000.00	—	4,087.46	5,169.43	9,256.89	743.11
Officers' Cottages	115	1930	12,000.00	—	7,689.77	3,091.71	10,781.48	1,218.52
Completion of Piggery	115	1930	3,000.00	—	1,508.09	1,124.22	2,632.31	367.69
Additional Water Supply	127	1928	8,000.00	—	—	—	—	—
*386	1929	40,000.00	—	—	—	—	—	—
*245	1931	—	—	50,000.00	12,914.29	40,888.40	53,802.69	44,197.31
Furnishing Officers' Cottages	460	1931	—	3,000.00	—	1,613.29	1,386.71	1,386.71
New Boilers	245	1931	—	40,000.00	—	18,139.68	18,139.68	21,860.32
<i>Metropolitan State Hospital</i>								
138	1927	1,500,000.00	—	100,000.00	4,304,883.21	133,795.47	4,438,678.68	526,321.32
127	1928	1,500,000.00	—	—	—	—	—	—
146	1929	1,125,000.00	—	5,100.00	—	—	—	—
115	1930	740,000.00	—	17,500.00	—	10,198.76	10,198.76	5,100.00
268	1931	—	—	150,000.00	—	146,467.98	146,467.98	7,301.24
<i>Northampton State Hospital</i>								
X-Ray Equipment	245	1931	—	—	—	—	—	—
Furnishing Ward C Building	245	1931	—	—	—	—	—	—
Made Nurses' Home	268	1931	—	—	—	—	—	—

* Balance Reappropriated

TABLE 7. — *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings. — Continued.*

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1931	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Year	Amount Current Year				
Northampton State Hospital								
Power Equipment	115	1930	\$ 8,500.00	\$ 2,500.00 }	—	\$10,992.00	\$ 10,992.00	\$ 8.00
Ward Building	460	1931	—	—	\$177,928.91	4,276.42	182,205.33	2,794.67
Recreation Pavilion	115	1930	185,000.00	—	2,734.78	6,184.46	8,919.24	1,080.76
Additional Land	115	1930	10,000.00	—	10,343.75	5,140.68	15,484.43	59,515.57
Furnishing Nurses' Home	146	1929	10,000.00	—	9,868.14	126.24	9,994.38	5.62
Superintendent's House	146	1929	22,500.00	—	49.79	—	49.79	22,450.21
Taunton State Hospital								
Sprinklers	245	1931	—	8,000.00	—	4,756.10	4,756.10	3,243.90
Furnishings for Cottage	245	1931	—	1,500.00	—	—	—	1,500.00
New Boilers	245	1931	—	45,000.00	—	22,883.24	22,883.24	22,116.76
Officer's Cottage	115	1930	6,000.00	—	—	—	—	—
Superintendent's House	14	1931	—	3,000.00 }	—	8,945.91	8,945.91	54.09
Remodeling Certain Spaces	115	1930	21,000.00	—	—	—	—	21,000.00
Garages	115	1930	6,400.00	—	—	2,106.49	2,106.49	4,293.51
Kitchen and Cafeteria Equipment.	146	1929	3,000.00	—	2,778.67	215.65	2,994.32	5.68
	146	1929	15,000.00 }	—	—	—	—	—
	115	1930	10,000.00	—	22,704.74	2,213.67	24,918.41	81.59
Certain Land	127	1928	4,000.00	—	—	—	—	—
	*115	1930	—	—	3,995.64	—	3,995.64	4.36
Bakeshop, Dining Halls, etc.	138	1927	32,000.00	—	—	—	—	—
	127	1928	113,000.00	—	—	—	—	—
	146	1929	140,000.00 }	—	284,592.96	372.35	284,965.31	34.69
Wesborough State Hospital								
Assembly Building	268	1931	—	85,000.00	—	77,059.10	77,059.10	7,940.90
Building for Farm Colony	115	1930	105,000.00	—	9.00	104,848.40	104,857.40	142.60
Garage	115	1930	5,000.00	—	3,265.90	1,243.69	4,509.59	490.41
Pumping Equipment	115	1930	22,000.00	—	27.35	20,766.80	20,794.15	1,205.85
Renovation Warren House	115	1930	12,000.00	—	10,324.89	1,640.31	11,965.20	34.80
Renovation Houghton House	115	1930	4,000.00	—	3,616.50	383.27	3,999.77	.23
Addition to Codman Building.	146	1929	37,000.00	—	36,862.75	128.10	36,990.85	9.15
Flat Work Ironer	245	1931	—	7,800.00	—	7,619.50	7,619.50	180.50
Improvements Power House	245	1931	—	4,700.00	—	4,138.95	4,138.95	561.05
Renovating Childs Building	245	1931	—	27,000.00	—	—	—	27,000.00
Worcester State Hospital								
Renovating Heating System	245	1931	—	12,000.00	—	9,231.50	9,231.50	2,768.50
Furnishings Officers' Cottages	245	1931	—	3,000.00	—	458.08	458.08	2,541.92
Equipment Dairy and Cow Barn	14	1931	—	20,000.00	—	19,957.58	19,957.58	42.42

New Boiler	115	13,500.00	—	5,604.00	7,532.26	13,136.26	363.74
Officers' Cottages	146	12,000.00	7,000.00	1,193.17	16,533.95	17,727.12	1,272.88
	460	30,000.00	—	29,478.97	469.66	29,948.63	51.37
Cow and Hay Barn	146	—	—	—	—	—	—
<i>Monson State Hospital</i>							
Furnishings, Reception Building and Nurses' Home	245	—	17,500.00	—	6,547.56	6,547.56	10,952.44
Infirmery Building	268	—	150,000.00	—	147,841.03	147,841.03	2,158.97
Reception Building	115	100,000.00	—	66,935.39	33,011.91	99,947.30	52.70
Female Nurses' Home	115	60,000.00	—	44,814.50	14,491.60	59,306.10	693.90
Garage	115	5,000.00	—	—	4,718.73	4,718.73	281.27
Officer's Cottage	115	6,000.00	—	4,926.25	953.35	5,879.60	120.40
Piggery	115	5,000.00	—	2,293.07	2,706.24	4,999.31	69
Shop for Carpenters	115	10,000.00	—	—	9,654.78	9,654.78	345.22
Additional Water Supply	115	8,500.00	—	6.81	8,489.27	8,496.08	3.92
Hay Barn	146	8,000.00	—	7,353.94	7,982.42	7,982.42	17.58
Furnishing Male Attendants' Home	146	6,800.00	—	6,795.46	628.48	6,795.46	4.54
Addition to Male and Female Buildings	146	35,000.00	—	34,375.52	618.41	34,993.93	6.07
Furnishing Children's Building	146	9,400.00	—	8,654.46	730.90	9,385.36	14.64
Heating, Plant, Equipment, Side Track, etc.	268	—	316,400.00	—	40,606.07	40,606.07	275,793.93
Total		\$7,668,300.00	\$1,910,000.00	\$6,537,570.46	\$1,724,862.77	\$8,262,433.23	\$1,315,866.77
<i>SCHOOLS FOR MENTAL DEFECTIVES</i>							
<i>Bethertown State School</i>							
Building for Mechanical Work	115	\$10,000.00	—	—	\$8,831.56	\$8,831.56	\$1,168.44
Boys' Dormitory	115	100,000.00	—	\$90,666.17	8,487.03	99,153.20	846.80
Industrial Building	115	50,000.00	—	49,958.86	37.74	49,996.60	3.40
Nursery Building	115	59,000.00	—	57,621.27	1,246.01	58,867.28	132.72
Employees' Cottage	115	30,000.00	—	29,876.68	122.95	29,999.63	37
Purchase of Land	115	4,900.00	—	4,584.25	52.45	4,636.70	263.30
New Boiler	115	13,000.00	—	—	—	—	28,000.00
	245	—	15,000.00	—	—	—	35.29
Furnishings — Hospital Building	115	19,500.00	—	14,084.67	5,380.04	19,464.71	417.46
Greenhouse	115	1,500.00	—	559.76	522.78	1,082.54	14.09
Tunnels	386	12,000.00	—	—	—	—	—
	115	13,000.00	—	24,582.85	403.06	24,985.91	—
Water and Sewerage System	146	23,000.00	—	—	—	—	—
	115	15,000.00	—	37,081.69	745.20	37,826.89	173.11
Hospital Building	146	105,000.00	—	104,718.34	271.26	104,989.60	10.40
Furnishing and Equipping Dairy	146	2,190.00	—	2,145.83	42.37	2,188.20	1.80
Remodeling Home — Town Farm	146	25,000.00	—	24,216.45	777.96	24,994.41	5.59
Furnishing Schoolhouse	146	2,800.00	—	—	—	—	—
	426	2,900.00	—	5,625.26	73.13	5,698.39	1.61
Furnishing Employees' Cottage No. 5	146	2,500.00	—	2,499.10	—	2,499.10	.90
Walks	138	1,000.00	—	—	—	—	—
	127	2,000.00	—	—	—	—	—
	146	2,000.00	—	—	—	—	—
	115	2,000.00	—	5,637.16	—	5,637.16	362.84

* Balance Reappropriated

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings. — Concluded.

INSTITUTIONS AND TITLES	APPROPRIATION				Indebtedness Previously Incurred	Indebtedness Incurred in 1931	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
<i>Belchertown State School (cont.)</i>								
Walks and Grading	245	1931	—	\$5,000.00	—	\$1,939.85	\$1,939.85	\$3,060.15
Wells, Standpipe and Sludge Beds.	245	1931	—	5,000.00 }	—	—	—	—
Schoolhouse and Gymnasium	268	1931	—	15,100.00 }	—	18,531.86	18,531.86	1,568.14
Employees' Cottage	245	1931	—	163,000.00 }	—	156,863.61	156,863.61	6,136.39
Furnishings and Equipment, New Buildings	268	1931	—	32,500.00 }	—	29,968.04	29,968.04	2,531.96
Industrial Buildings	268	1931	—	5,000.00 }	—	—	—	—
Equipment Industrial Building	460	1931	—	13,000.00 }	—	16,327.58	16,327.58	1,672.42
Additional Tunnels	269	1931	—	52,000.00 }	—	51,835.61	51,835.61	164.39
Nursery Building	268	1931	—	5,000.00 }	—	4,180.78	4,180.78	819.22
Sprinklers	268	1931	—	42,000.00 }	—	15,079.36	15,079.36	26,920.64
Walter E. Fernald State School	268	1931	—	59,000.00 }	—	58,218.48	58,218.48	781.52
Building Contagious Hospital.	245	1931	—	2,800.00 }	—	1,982.00	1,982.00	818.00
Furnishing New Buildings	245	1931	—	15,000.00 }	—	—	—	15,000.00
Kitchen and Dining Room	268	1931	—	20,000.00 }	—	13,389.57	13,389.57	22,610.43
Employees' Quarters	115	1930	\$150,000.00	—	\$131,530.68	12,869.12	144,399.80	5,600.20
Building for Mechanical Work	115	1930	40,000.00	—	3,963.12	5,783.68	9,746.80	253.20
Equipment for Storehouse	115	1930	10,000.00	—	9,196.86	798.64	9,995.50	4.50
Power Equipment	115	1930	15,000.00 }	—	20,785.56	85.00	20,870.56	129.44
Purchase of Certain Land	426	1930	6,000.00	—	25,049.64	—	25,049.64	450.36
Laundry Machinery	115	1930	25,500.00	—	—	9,790.25	9,790.25	209.75
Extension Hot Water Lines	146	1929	10,000.00	—	—	—	—	—
Storehouse and Refrigeration	*460	1931	12,500.00	—	1,266.84	—	1,266.84	16,233.16
Garage	245	1931	—	5,000.00 }	79,976.70	—	79,976.70	23.30
Equipment for Schoolroom	146	1929	80,000.00	—	6,500.33	—	6,500.33	999.67
Laundry Machinery	146	1929	1,500.00	—	1,392.64	92.82	1,485.46	14.54
Side Track	146	1929	9,210.00	—	9,158.63	—	9,158.63	51.37
Certain Land	50	1918	25,000.00 }	—	22,000.00	26,389.57	48,389.57	—
Equipment for Heating Plant, etc.	460	1931	10,000.00 }	500.00 }	10,000.00	—	10,000.00	500.00
Furnishing Kitchen and Dining Room	398	1926	—	60,000.00 }	39,084.65	31,093.07	70,178.72	20,915.35
Walks and Roads	245	1931	—	38,000.00 }	—	—	—	6,906.93
	245	1931	—	5,000.00 }	—	—	—	5,000.00

Additional Land	245	1931	—	26,000.00	—	25,632.59	25,632.59	367.41
Infirmary Building	268	1931	—	154,000.00	—	139,329.90	139,329.90	14,670.10
Employees' Dormitory	268	1931	—	150,000.00	—	35.65	35.65	149,964.35
Nursery Building	268	1931	—	59,000.00	—	56,040.15	56,040.15	2,959.85
Assembly Building	268	1931	—	80,000.00	—	75,144.80	75,144.80	4,855.20
Two Schoolrooms	268	1931	—	25,000.00	—	21,008.65	21,008.65	3,991.35
<i>Wrentham State School</i>								
Furnishing Service Building	245	1931	—	13,000.00	—	12,955.74	12,955.74	44.26
Furnishing Nursery Building	245	1931	—	6,000.00	—	5,109.50	5,109.50	890.50
Children's Clinical Building	115	1930	57,000.00	—	2,311.09	53,685.79	55,996.88	1,003.12
Nursery Building	115	1930	50,000.00	—	48,886.30	684.74	49,571.04	428.96
Remodeling Service Building	115	1930	40,000.00	—	37,576.09	2,404.20	39,980.29	19.71
Purchase of Land	115	1930	10,000.00	—	—	—	—	10,000.00
Furnishings for 1929 Nursery Building	115	1930	6,000.00	—	5,968.43	25.04	5,993.47	6.53
Piggery	115	1930	4,000.00	—	—	3,878.92	3,878.92	121.08
Repairs to Officers' Cottage	386	1929	4,000.00	—	3,959.55	36.26	3,995.81	4.19
Power Equipment	*245	1931	20,000.00	—	—	—	—	—
Furnishing Contagious Hospital	146	1929	5,600.00	—	—	3,395.78	3,395.78	16,604.22
Addition to Dormitory K	146	1929	9,500.00	—	5,016.49	576.30	5,592.79	7.21
Furnishing Nursery Building (1928)	146	1929	6,000.00	—	8,675.03	810.89	9,485.92	14.08
Nursery Building (1929)	146	1929	50,000.00	—	5,997.28	—	5,997.28	2.72
Garage	146	1929	5,000.00	—	49,339.17	650.00	49,989.17	10.83
Resetting Boilers	127	1928	8,000.00	—	4,930.15	66.64	4,996.79	3.21
Additional Wells	146	1929	4,500.00	—	12,218.61	259.70	12,478.31	21.69
Additional Sewer Beds	245	1931	5,500.00	—	—	2,201.75	2,201.75	3,298.25
Infirmary Building	268	1931	15,000.00	—	—	—	—	15,000.00
Employees' Building	268	1931	150,000.00	—	—	—	—	150,000.00
Furnishings for New Buildings	268	1931	112,500.00	—	—	35.35	35.35	112,464.65
Heating Plant, Equipment	268	1931	20,000.00	—	—	—	—	20,000.00
Tunnels	268	1931	35,000.00	—	—	—	—	35,000.00
Officer's Cottage	268	1931	15,000.00	—	—	—	—	1,225.62
Purchase of Land	115	1930	50,000.00	—	—	13,774.38	13,774.38	9,000.00
<i>New School for Feebleminded</i>								
Total	460	1931	\$1,219,600.00	\$1,566,789.57	\$959,557.53	\$939,039.80	\$ 1,898,597.33	\$887,792.24
Grand Total			\$8,887,900.00	\$3,476,789.57	\$7,497,127.99	\$2,663,902.57	\$10,161,030.56	\$2,203,659.01

* Balance Reappropriated

TABLE 8. — *Receipts from Paying Patients — By Institution.*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	—	\$2,125.63	—
Boston State Hospital	254	103,999.30	\$409.45
Danvers State Hospital	382	129,317.55	338.53
Foxborough State Hospital	152	57,216.26	376.42
Gardner State Colony	82	33,140.77	404.16
Grafton State Hospital	52	15,868.50	305.16
Medfield State Hospital	93	36,374.26	391.12
Metropolitan State Hospital	119	28,869.32	242.60
Northampton State Hospital	308	118,966.20	386.25
Taunton State Hospital	180	69,545.11	386.36
Westborough State Hospital	368	158,538.85	430.81
Worcester State Hospital	237	94,055.30	396.86
Monson State Hospital (epileptic)	80	22,728.15	284.10
Total	2,307	\$870,745.20	\$377.44
<i>Schools for Mental Defectives:</i>			
Belchertown State School	34	\$6,550.02	\$192.65
Walter E. Fernald State School	90	17,778.88	197.54
Wrentham State School	68	13,175.55	193.76
Total	192	\$37,504.45	\$195.34
Family Care	2	—	—
State Infirmary ¹	19	\$6,401.45	\$336.92
State Farm ¹	6	2,942.57	490.43
Hospital Cottages for Children ¹	—	—	—
Total	27	\$9,344.02	\$346.07
Grand Total	2,526	\$917,593.67	\$363.26

¹The State Farm which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. — *Trust Funds — By Institution.*

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand Dec. 1, 1930	Received during Year	Payments	On Hand Nov. 30, 1931
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$405.18	—	—	\$405.18
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,209.12	\$197.17	\$167.61	1,238.68
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,587.14	185.62	150.00	4,622.76
Worcester State Hospital	10,081.26	255.14	5,828.16	4,508.24
Monson State Hospital (epileptic)	—	—	—	—
Total	\$16,282.70	\$637.93	\$6,145.77	\$10,774.86
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$70,671.85	\$12,053.08	\$8,283.87	\$74,441.06
Wrentham State School	1,561.45	108.09	22.00	1,647.54
Total	\$72,233.30	\$12,161.17	\$8,305.87	\$76,088.60
Grand Total	\$88,516.00	\$12,799.10	\$14,451.64	\$86,863.46

TABLE 10.—*Value of Farm and Garden Products per Acre under Cultivation — By Institution.*

INSTITUTIONS		Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage Corn	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	.	48.12	\$6,294.59	\$130.81	83.37	\$1,914.00	\$22.95	—	—	—
Boston State Hospital	.	99.50	21,570.57	218.79	108.00	8,246.12	76.35	44.00	\$4,334.00	\$98.52
Danvers State Hospital	.	47.00	11,637.82	247.61	6.00	198.00	33.00	7.00	490.00	70.00
Foxborough State Hospital	.	101.00	23,327.50	230.96	186.70	3,286.50	17.60	30.00	2,400.00	80.00
Gardner State Colony	.	70.55	21,891.62	310.29	81.56	3,711.13	45.49	30.88	2,344.50	75.92
Graton State Hospital	.	69.00	14,823.17	214.82	111.00	4,687.83	42.23	33.00	2,585.42	78.31
Medfield State Hospital	.	30.00	9,343.01	311.43	—	—	—	—	—	—
Metropolitan State Hospital	.	39.00	8,865.17	227.31	93.00	6,775.32	72.85	30.00	2,940.64	98.02
Northampton State Hospital	.	59.00	12,624.40	213.97	46.00	2,026.25	44.04	30.00	2,520.00	84.00
Taunton State Hospital	.	45.00	13,847.81	307.72	120.00	6,145.78	51.21	35.00	2,814.70	80.42
Westborough State Hospital	.	91.00	25,320.84	278.25	31.00	2,205.00	73.06	35.00	2,800.00	80.00
Worcester State Hospital	.	55.00	11,579.09	210.16	36.50	2,977.37	81.59	16.50	1,886.91	114.36
Monson State Hospital (epileptic)	.									
Total	.	754.17	\$181,125.59	\$240.16	903.13	\$42,173.35	\$46.69	291.38	\$25,116.17	\$86.26
<i>Schools for Mental Defectives:</i>										
Belchertown State School	.	61.00	\$19,693.41	\$322.84	—	—	—	25.00	\$3,150.00	\$126.00
Water E. Fernald State School	.	95.00	39,565.30	416.47	97.50	\$4,328.05	\$44.39	5.00	703.57	140.71
Wrentham State School	.	77.00	17,428.51	226.34	50.00	2,433.83	48.67	22.00	1,400.00	63.63
Total	.	233.00	\$76,687.22	\$329.12	147.50	\$6,761.88	\$45.84	52.00	\$5,253.57	\$101.57
Grand Total	.	987.17	\$257,812.81	\$261.16	1,050.63	\$48,935.23	\$46.57	343.38	\$30,369.74	\$88.44

TABLE 11. — *Value of Farm Products — By Institution.*

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital . . .	—	—	—	—	—	—	—	—	—	—
Boston State Hospital . . .	\$6,294.59	—	\$61.42	\$1,914.00	\$43,436.05	\$7,220.61	\$3,970.14	\$7,652.10	—	\$15,922.11
Danvers State Hospital . . .	17,380.82	\$3,522.25	390.16	13,248.32	15,382.22	3,429.71	1,623.71	14,572.72	\$2,141.60	105,882.61
Foxborough State Hospital . . .	7,532.32	4,105.50	905.87	688.00	37,005.47	4,704.35	2,643.83	6,104.30	615.91	40,047.94
Gardner State Colony . . .	15,252.60	7,913.11	1,559.73	6,461.45	43,177.51	4,634.28	2,191.13	7,471.78	1,191.05	84,267.97
Grafton State Hospital . . .	16,263.69	4,650.26	1,397.92	7,410.71	44,162.80	5,022.01	2,461.68	10,539.15	2,402.64	92,667.29
Medfield State Hospital . . .	11,265.40	2,671.18	1,283.33	8,159.89	—	—	—	6,573.75	1,602.77	83,202.81
Metropolitan State Hospital . . .	9,343.01	—	26.34	—	—	—	—	—	—	9,369.35
Northampton State Hospital . . .	8,340.25	524.92	172.58	9,715.96	30,809.27	5,382.70	2,459.13	12,047.40	2,106.00	71,558.21
Taunton State Hospital . . .	10,015.97	2,191.03	2,865.60	5,187.90	30,814.48	4,414.41	2,904.04	9,133.29	2,160.61	68,787.33
Westborough State Hospital . . .	11,653.48	2,194.33	910.29	7,434.04	32,709.55	—	—	7,508.25	1,170.43	63,580.37
Worcester State Hospital . . .	21,194.44	3,502.40	928.66	6,553.50	45,217.33	—	—	7,092.80	1,234.35	85,723.48
Monson State Hospital (epileptic) . . .	8,023.98	3,555.11	659.12	4,906.73	30,968.22	—	—	4,236.45	994.90	53,344.51
Total	\$142,560.55	\$34,890.09	\$10,760.96	\$71,680.50	\$353,682.90	\$34,808.07	\$18,253.66	\$92,995.99	\$14,720.86	\$774,353.58
<i>Schools for Mental Defectives:</i>										
Belchertown State School . . .	\$16,129.80	\$3,472.61	\$2,783.96	\$3,271.00	\$31,567.61	\$6,750.52	\$4,254.36	\$6,005.40	\$1,518.92	\$75,754.18
Walter E. Fermaid State School . . .	31,973.68	7,423.27	5,440.74	5,600.39	35,914.05	—	—	3,258.39	1,065.67	90,666.19
Wrentham State School . . .	10,343.15	6,897.70	706.03	4,827.28	31,510.32	8,963.50	4,256.31	4,522.65	1,570.18	72,627.12
Total	\$58,446.63	\$17,793.58	\$8,930.73	\$13,698.67	\$98,991.98	\$15,714.02	\$8,540.67	\$13,786.44	\$3,154.77	\$239,057.49
Grand Total	\$201,007.18	\$52,683.67	\$19,691.69	\$85,379.17	\$452,674.88	\$50,522.09	\$26,794.33	\$106,782.43	\$17,875.63	\$1,013,411.07

REPORT OF THE PATHOLOGIST

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-third report of the Pathologist and the twenty-second to cover a full year's work.

GENERAL

For nearly seven and one-half years (April 1, 1924 to September 1, 1931) Marjorie Fulstow, M. D. has been the Pathologist representing the Department of Mental Diseases, in investigating the sudden and unexpected deaths in the Hospitals for Mental Disease or Defect in the Commonwealth. Her training and temperament were such that the duties were attended with skill and constructive interest, and the office was maintained under her tenure on a high plane of efficiency. Her absence is greatly felt by all her associates.

Psychopathic. The acuteness of the mental illness has been thought to be a factor in the previously low percentages of autopsies to deaths in this hospital. This year the rate is the highest in the service (54%). The relatives, not yet adjusted to the fact that the patient is really mentally ill, are still less ready to grant the request of an almost strange physician. The icing of the refrigerator and autopsy facilities are adequate.

Boston State. The morgue has been entirely re-vamped with moisture proofing and repainting of walls, making a very agreeable post-mortem room. Dr. Naomi Raskin has hung anatomical charts over the walls to assist in location of various portions of the nervous system and it adds to the atmosphere of inquiry.

Danvers. After a considerable period without a laboratory head, Dr. Anna M. Allen was selected to be pathologist to the hospital. Within six months, the old laboratory, in use since the hospital was built in 1878, was torn down in making way for new building, and the laboratory is now in temporary quarters making work less effective because of these changes.

Foxborough. This hospital has model conveniences for pathological work. A morgue that compares favorably with those in modern general hospitals—to which one can wheel a body in on a carriage and deposit it on an open bunk, or move it directly from the elevator to the operating room, where a table large enough to operate and section organs on is installed. This room is near to the preparation room—minor technical matters such as staining a slide for bacteria or suspending secretions in salt solution can be carried out at once in the same room.

Dr. David Rothschild maintains his interests, both clinically and pathologically, and is especially interested in the distribution of lesions in Alzheimer's disease, a premature senility, and in the barrier of absorption in Alcoholics.

Gardner. Gardner has been most energetic in providing a place where autopsies can be done in comfort. With smoothly moving trays in a well, artificially cooled chamber, the bodies can be kept at a temperature cool but not frozen, making for confidence in autopsy findings. The staff collects eagerly and assists willingly in the autopsy performance, each contributing notes on the patient's behavior and history and commenting on lesions found.

Grafton. Grafton continues its plan for a new laboratory unit in one of its proposed new buildings. A suitable morgue will be included. An unique study could be made there of the deteriorated insane epileptic of which they have ample supply.

Medfield. Dr. Vicente A. Navarro still continues to combine clinical with pathological work. The autopsy room is one of the most comfortable ones in which to operate, and the laboratory well equipped for the needs of the institution. A great opportunity exists here to study the nerve cell changes in the brains of individuals under care for a long time.

Monson. Monson has had some unique cases come to autopsy in late years. A central morgue properly lighted and heated would serve the pathologist's purpose most acceptably. This is under way in a new building. Dr. P. I. Yakovlev is on leave of absence in Europe.

Northampton. The evident willingness and eagerness displayed in the autopsy room has been a pleasure to observe. No delayed reactions have been evidenced, and while there is no pathologist, every one is willing to be one. Adequate cooling for the bodies is available.

Taunton. This hospital has been without a pathologist for some time, (since July 1, 1929) but now Dr. H. W. Williams from Utica has assumed charge of the

laboratory since July 1, 1931 and has undertaken a heavy schedule in rounding out the histological examination of autopsy material along with the other activities. These he presents at staff meetings.

Westborough. Westborough has a pleasing, workable laboratory unit where all clinical pathology can be well done. The autopsy team, consisting of Dr. Lydia B. Pierce, a technician-secretary, and a trained helper make operating there a pleasure. Dr. Pierce has become deeply interested in her study of the X-ray development practiced there and carries a busy schedule since she also treats the syphilitics, does the X-ray diagnostic work, the autopsies, and supervises the various technical operations concerned with the requests from the clinical staff.

Worcester. Worcester with its long line of previous illustrious pathologists, again has a well trained man in charge of the pathological work, Dr. W. I. Freeman, previously associated with Dr. Wm. H. Watters of Boston, who has been resident since Sept. 1, 1931. He intends to have clinicopathological conferences for the staff, illustrating by specimen and photograph and microscopic section the autopsy findings, thus stimulating interest in pathology which has been waning.

Belchertown. This institution has as yet no facilities for storage of the dead, and of course has few deaths among its young population. Every courtesy is shown the visiting pathologist. A regular morgue and operating room would be desirable.

Wrentham. Wrentham shares with the Fernald and Belchertown State Schools and the Metropolitan, Grafton, Monson, Worcester and Taunton State Hospitals the distress of having no adequately ice cooled morgue: In fact Danvers, Gardner, Boston State, Foxborough, Psychopathic, Medfield, Westborough and Northampton are the ones which are so equipped.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies.

Since the establishment of the pathological service July 1, 1914 to November 30, 1931, 2,715 autopsies have been performed. These protocols have been carefully typewritten and bound up to and including March 26, 1931.

During the year ending November 30, 1931, 94 autopsies were performed, 63 of these done at a time in several hospitals when no pathologist was employed; others of the 94 may have been done in conjunction with the hospital pathologist, or in the temporary absence or illness of the pathologist.

Taunton State Hospital	30	Medfield State Hospital	2
Boston Psychopathic Hospital	12	Monson State Hospital	2
Worcester State Hospital	11	Grafton State Hospital	2
Westborough State Hospital	10	Gardner State Colony	2
Northampton State Hospital	9	Walter E. Fernald State School	1
Boston State Hospital	6	Belchertown State School	1
Danvers State Hospital	3	U. S. Veterans' Hospital	1
Foxborough State Hospital	2		
Total			94

Besides the 94 autopsies, 92 bodies were viewed in the various hospitals. These were in exceptional cases autopsied by Medical Examiners or in some instances by the hospital pathologists, later.

Table Showing Proportion of Autopsies to Deaths in Institutions.

	Deaths	Autopsies	Per cent
Boston Psychopathic Hospital	26	14	54
Worcester State Hospital	233	117	50
Taunton State Hospital	189	65	34
U. S. Veterans' Hospital	15	4	27
Foxborough State Hospital	73	19	26
Gardner State Colony	58	15	26
Westborough State Hospital	131	31	24
Belchertown State School	5	1	20
State Infirmary, Mental Wards	43	8	19
Monson State Hospital	82	14	17
Medfield State Hospital	90	14	15
Walter E. Fernald State School	9	1	11
Danvers State Hospital	288	30	10
Grafton State Hospital	42	3	7
Northampton State Hospital	157	5	3
Metropolitan State Hospital	4	0	0
Wrentham State School	24	0	0
Hospital Cottages for Children	2	0	0
Totals	1,471	341	23
Total number of deaths in State Hospitals in Massachusetts in 1931, fiscal year			1,471
Total number of autopsies performed (23%)			341
(a) By laboratories independent of Department			247
(b) Department			94

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1931:

Sudden deaths reported to Department.	175
Number autopsied	73
Number autopsied by service	66
<i>Analysis of the autopsied sudden death cases in 1931</i>	
Acute infection	15
Alcohol.	2
Asphyxiation	3
Complicated by fractures	20
Fractures	8
General paralysis of the insane	3
Organic heart disease.	9
Ruptured heart	2
Suicide	6
Tuberculosis	3
Gastric or duodenal ulcer	2
Multiple injuries	3
Trauma	4
General arteriosclerosis or coronary	10
Intestinal obstruction	1
Cirrhosis of liver	1
Glioma	1
Senility	1
Dementia praecox	1
Aggravated by packs	2

The sudden deaths in the State Hospitals in eighteen years are herewith presented (either autopsied or non-autopsied):—

YEAR	DEATHS	YEAR	DEATHS	YEAR	DEATHS	YEAR	DEATHS
1914	69	1919	77	1924	121	1928	177
1915	85	1920	84	1925	129	1929	148
1916	74	1921	87	1926	136	1930	170
1917	83	1922	89	1927	126	1931	175
1918	117	1923	122				

a total of 2,069 of which there have been 929 autopsied or 44%.

Analysis of Autopsies of Sudden Death Cases.

One hundred and seventy-five (175) deaths were reported to the Department in 1931, nearly equalling the high number for the year 1928. Never before have fractures, either as a direct or indirect cause of death been so numerous: 28 patients out of 73 autopsied (66 by the pathological service) having such a complication. If we add the 7 more cases in which other trauma has been associated, the "exogenous" causes of death are increased. Acute infection stands high in the list of causes of death, as usual.

Suicides in State Hospitals.

YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES
1914	9	1919	13	1924	10	1928	19
1915	6	1920	13	1925	15	1929	13
1916	9	1921	12	1926	14	1930	13
1917	12	1922	10	1927	19	1931	26
1918	18	1923	14				

Analysis of Suicides Autopsied and Non-Autopsied.

The number for 1931 exceeds any other year since the service was established. This number includes those who made the attempt before coming to the hospital and died in the hospital, or were on furlough and suicided at home, but all reported. Curiously the sexes were evenly represented — occurring in 13 of each, and the ages varied from 18–81. Eleven of them suspended themselves, three cut their throats, two drowned, four dived from heights, two used gas, one drank lysol, one set herself on fire, one shot himself and one took drugs. Eleven were manic-depressive, four were dementia praecox, four were undiagnosed, and others included alcoholism, encephalitis, psychopathic personality, etc.

Casualties.

While the figures concerning accidents and their resulting injuries to patients have increased from year to year since the establishment of the reporting plan in 1914, it must be remembered that the number of patients under care have also increased, and sometimes the same patient may be injured several times due perhaps to the personality difficulties he provokes. Table B does show this year a decided increase of severe over less severe types of injury.

Casualties in State Hospitals.

YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES
1914	346	1919	208	1924	297	1928	387
1915	320	1920	240	1925	275	1929	503
1916	304	1921	257	1926	351	1930	557
1917	237	1922	258	1927	314	1931	537
1918	221	1923	292				

TABLE A. — *Casualties arranged by Institutions.*

	Males	Females	Patients	Accidents	Injuries
U. S. Veterans' Hospital	64	0	64	81 ^{2, 4}	93
Walter E. Fernald State School	56	14	70	72 ³	84
Taunton Hospital	23	23	46	46 ⁷	70
Worcester Hospital	13	35	48	48 ⁶	61
Northampton Hospital	13	18	31	31	47
Danvers Hospital	17	12	29	29	43
Monson Hospital	19	13	32	34 ³	40
Foxborough Hospital	16	16	32	32 ⁵	39
Westborough Hospital	9	22	31	33 ³	38
Metropolitan Hospital	13	7	20	20	26
Boston Hospital	11	14	25	25	25
Wrentham State School	11	5	16	16	20
Gardner Colony	8	9	17	17	19
Grafton Hospital	6	7	13	13	14
State Infirmary, Mental Wards	4	7	11	11	14
Belchertown State School	5	3	8	9 ¹	10
Medfield Hospital	1	7	8	8	10
McLean Hospital	5	0	5	5	6
Boston Psychopathic Hospital	3	1	4	4	4
Bridgewater State Farm	2	0	2	2	2
Hospital Cottages for Children	0	1	1	1	1
Totals	299	214	513	537	666

¹Two accidents to one patient.²Six accidents to one patient.³Two accidents to two patients.⁴Two accidents to twelve patients.⁵Accident prior to admission.⁶Three accidents prior to admission.⁷Eighteen accidents prior to admission.TABLE B. — *Casualties arranged by Institutions and Severity of Injury.*

	Fractures	Dislo- cations	Gun- shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	0	0	0	1	1	3
Boston Hospital	21	3	0	0	24	1
Danvers Hospital	28	3	0	4	35	8
Northampton Hospital	27	3	0	7	37	10
Taunton Hospital	43	0	1	7	51	19
Westborough Hospital	35	1	0	1	37	1
Worcester Hospital	41	0	0	8	49	12
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	9	3	0	0	12	2
Medfield Hospital	5	1	0	1	7	3
Gardner Colony	12	0	0	2	14	5
Foxborough Hospital	30	0	0	1	31	8
State Infirmary, Mental Wards	12	0	0	1	13	1
Metropolitan Hospital	15	0	0	1	16	10
<i>Institutions for the Feeble-minded</i>						
Walter E. Fernald School	25	1	0	3	29	55
Wrentham School	6	1	0	0	7	13
Belchertown School	7	2	0	1	10	0
<i>Special Public Institutions</i>						
Monson Hospital	33	1	0	1	35	5
Bridgewater State Farm	1	0	0	0	1	1
<i>Special Private Institutions</i>						
McLean Hospital	5	0	0	0	5	1
Hospital Cottages for Children	1	0	0	0	1	0
U. S. Veterans' Hospital	13	1	0	7	21	72
Totals	369	20	1	46	436	230

INVESTIGATIONS.

The investigations were more or less interrupted by the impending resignation of Dr. Marjorie Fulstow, but some progress was made in reviewing the histology of 10 cases of feeble-mindedness which had been on hand. Efforts to produce this work are in progress. No epidemics occurred in the hospitals.

The following table shows the routine work of the investigative staff of the Department.

Visits to institutions	172
Autopsies in cases of sudden deaths	66
Severe injuries in institutions	436
Less severe injuries	230
Total injuries	666
Publications by state officers	48

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Respectfully submitted,

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Assistant Pathologist.

REPORT OF THE SOCIAL SERVICE DIVISION.

To the Commissioner of the Department of Mental Diseases:

In surveying the activities of the Social Service for the past year with a view to the evaluation of outstanding factors and developments, one is impressed by the general spirit of progress that is apparent, in varying degrees, throughout the Service. This is particularly noticeable in the general trend of Social Service toward more intensive social case work and related activities.

The interest manifested in student training and in the various attempts to establish professional standards of social work in the Department are, it is believed, some of the manifestations of the progressive spirit of the Social Service Division.

The special type of psychiatric social work made possible through the establishment of mental hygiene clinics in various parts of the State appears to appeal strongly to newer social workers entering the field, many of whom appear to be quite interested in institution social work because of the combination of hospital social work and community service. This is believed to be a wholesome attitude particularly as the state hospital offers excellent opportunities for the development of psychiatric social work within its borders as well as in the field of mental hygiene. At the present time, however, there is felt to be a definite need for a larger number of social workers connected with the service as mental hygiene clinic work has added greatly to the duties of the hospital social service. On the other hand the community, in which clinics are established by the State, is entitled to adequate social work connected with the clinic. A recent complaint by a representative of a group of local social agencies of one of our larger cities centered about the inability of the local mental hygiene clinic to furnish psychiatric social work to clinic patients. The community, being unable to furnish this special type of work, felt that the clinic was more or less ineffective in their particular locality. This situation may be fairly typical of the general situation in regard to clinics established by our state hospitals.

It is most encouraging to be able to report that the difficulty experienced a few years ago in securing trained social workers (psychiatric) no longer forms a definite problem. There are by far more applicants for positions than there are vacancies

in the Social Service Division. This may be due in part to the fact that a larger number of social workers are entering the psychiatric field. Other reasons may center around the present standards of our Division and to the opportunities that are offered for a varied experience in psychiatric social work as noted in the various institutions and Divisions.

In last year's report, mention was made of the new training course for social workers established by the Department of Mental Diseases in connection with the Simmons College School of Social Work for the purpose of training social workers for our own institution service. The course will probably continue until existing Schools of Social Work are able to meet our needs in regard to trained social workers and student service.

In the main the course appears to be giving a fair degree of satisfaction to students and hospital training centers. The number of training centers is necessarily limited to hospitals that are equipped for such training and whose location makes it possible for students to attend the Simmons School of Social Work. Institutions now training Department students are Boston, Danvers, Foxborough and Worcester State Hospitals. Walter E. Fernald State School is to be used for students who are interested in the mentally deficient.

Applications for the course come from various parts of the country, the majority being from Massachusetts. Selections are based upon educational and personality qualifications plus some training or experience in some sort of social work. Preference is given to college graduates who form, by far, the large majority of applicants for the course.

Because of our difficulties in securing suitably qualified training centers the average number of students for this course does not exceed twelve persons. The combination of theoretical work at Simmons and practical work at hospitals is believed to be sound and highly desirable. Students are urged to complete the course and graduate from some School of Social Work. The nine months' course with the Department qualifies them for the grade III positions in our Social Service Division.

A large number of applications was received for the course for 1931-1932. Eight selections were made and distributed as follows: Boston State Hospital, 2; Danvers, 2; Foxborough State Hospital, 2; Worcester State Hospital, 2. One student resigned early in the year because of ill health. Four students have filed applications for positions in our hospital social service upon completion of the training period.

Because of the interest and cooperation of the Simmons College School of Social Work, the student training plan seems to be progressing favorably and new plans looking toward an extension of the work are now in process of formulation for the coming year.

CONFERENCE WORK.

Conference work of the past year has moved along the same general lines that have been previously described. Conference subjects and lectures have been chosen with a view to studying present day problems and developments in social work connected with the Department.

The inspiration and instruction received from conference sessions are believed to be of outstanding value and importance in building up a wholesome morale and in clarifying our views as to the real goals in psychiatric social work.

General conferences are held monthly from October to July. All the social workers and students throughout the service attend these monthly gatherings as well as several social workers from the Veterans' Bureau and from neighboring states.

The average attendance at general conference is eighty persons.

The program for General Conferences during the year is:

December, 1930 — Omitted because of Christmas holiday.

January, 1931 — Dr. William A. Bryan, Worcester State Hospital. "The State Hospital as part of the Mental Hygiene Program."

February, 1931 — Dr. Samuel Hartwell, Worcester Child Guidance Clinic. "Present Trends in Psychiatry."

March, 1931 — Miss Katherine D. Hardwick, Director Simmons College School of Social Work. "The Fundamentals of Social Work."

April, 1931 — Joint Conference with Family Welfare Societies. Speakers — Miss Helen Fairbanks and Miss Dorothy Burpee, Family Welfare Society; Miss Harriet Parsons, Simmons College School of Social Work; Miss Marion Wyman, Worcester Child Guidance Clinic; Miss Bertha C. Reynolds, Smith College School of Social Work.

May, 1931 — Rev. A. T. Boisen, Worcester State Hospital. "Religion and Mental Health."

June, 1931 — General Survey of Social Service Departments. Annual reports by head social workers.

October, 1931 — Social Service Organization. Talks by selected members of Division.

November, 1931 — Dr. Winfred Overholser, Department of Mental Diseases. "Recent Legislation."

In order to meet the needs of social workers in our various Division and institutions, smaller group meetings are held monthly on Saturday mornings with the exception of the Mental Hygiene social workers who meet on Monday afternoons. Some of the subjects discussed are: Social records — their arrangement and content; Social analysis; Social Treatment; Record outlines; Policies, etc.

The attendance is excellent.

SOCIAL SERVICE PERSONNEL.

There are social workers in all the institutions and Divisions, the Divisions being well equipped with workers at the present time.

In sixteen institutions, the social service personnel is as follows: 7 Head Social Workers, 14 Psychiatric Social Workers, and 20 Assistant Psychiatric Social Workers, making a total of 41 persons.

Divisions.

Division for the Examination of Prisoners	10
Division of Mental Deficiency	2
Division of Mental Hygiene: Case workers	4
Research.	2
Total	18

Student Service.

In the hospital training centers the students are distributed as follows:

	<i>Smith Students</i>	<i>Department Students</i>
Boston Psychopathic Hospital	2	—
Boston State Hospital	—	2
Danvers State Hospital	—	2
Foxborough State Hospital	—	1
Worcester State Hospital	4	2
Total	6	7

Volunteer social workers are rendering service at Taunton, Medfield and Boston State Hospitals and the Walter E. Fernald State School.

Total number of social workers in regular service	59
Total number of students	18*
Total number of volunteer workers	5
Total number of resignations during year	7
Total number of promotions during year	2
Total number of vacancies on November 30, 1931	2

GENERAL.

Although the duties of the central social service office are varied and numerous, they are also, in the main, inspiring and not infrequently, challenging. There

*Includes 5 students from Simmons College School of Social Work who received 6 weeks' training in 2 Institutions and Division of Mental Hygiene.

appears to be a growing tendency on the part of local agencies to use the office as a consulting center for cases in which psychiatric factors of a social nature play a leading part. Joint conferences on these complicated cases often result in the agency referring the case to the Department for supervision or for assistance in working toward a solution through cooperative case work.

It is believed that this type of consultation service may be filling a very definite community need and that the results of this service may have a direct bearing upon the number of applications for commitment to State institutions, particularly State Schools.

Considerable time has been devoted to student work during the year. Interviews and conferences with students, supervisors and representatives of the Smith College and Simons College Schools of Social Work have been held with a view to guiding and developing the student work. The results of these endeavors justify the expenditure of time and effort in that a course of training is in process of establishment that may eventually insure the Department of a source of supply of trained social workers and students.

One of the outstanding features of the year's work is that related to our endeavors to secure the interest of the Civil Service Commission in regard to our standards for psychiatric social work with particular reference to Civil Service examinations and to educational and personality qualifications for applicants for paid positions in the Social Service. It is exceedingly gratifying to be able to report at this time that the Civil Service Commission is rendering the assistance that was requested and is cooperating with the Department in its efforts to secure professional standards of psychiatric social service in institutions and Divisions.

Recent developments — student training and Civil Service assistance — now make it possible to place trained or partially trained persons in all parts of the Social Service Division. The only untrained persons now in the Social Service are the students from the Department and from recognized Schools of Social Work. Students receive maintenance at institutions but no salaries.

This report would be incomplete without an expression of appreciation for the support and generous assistance of the Commissioner and interested hospital Superintendents and officials.

The degree of efficiency that the Division may have attained is due very largely to the excellent morale of the Social Service and to the spirit of teamwork that seems to prevail throughout the Service. A genuine interest in their work, loyalty, and a predominating desire to develop psychiatric social work to the highest possible level seem to be outstanding characteristics of the Social Service personnel.

It is to be hoped that with better economic conditions new lines of work may be attempted and that a larger staff of social workers may be secured in order to develop some of the activities that have already been attempted on a small scale. This refers particularly to adequate social care connected with community clinics, to intramural social case work with hospital patients, and to research work that may help to evaluate social work with mental patients from an industrial or economic viewpoint.

Respectfully submitted,
HANNAH CURTIS,
Director of Social Work.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:

The Division of Mental Hygiene during the past year has expanded its clinical facilities to cover a wider geographical area than heretofore has been possible. New clinics were opened in Holyoke and Northampton and arrangements were completed for opening a clinic in Lowell early in January, 1932.

The Northampton Child Guidance Clinic opened on May 15, 1931 and continued under the direction of the Division of Mental Hygiene until the close of the year when its supervision was taken over by the Northampton State Hospital. During this time, the clinic unit was directed by a psychiatrist from the Division of Mental Hygiene, a social worker from the Northampton State Hospital and a psychologist from the psychological department of Smith College. The clinic operated weekly

at the James House which was made available through the People's Institute. The local Mental Hygiene committee, together with other representative agencies of the community, cooperated to facilitate the functioning of this clinic and aided it in its success. The educational work was conducted in a way to make the services of the clinic as far reaching as seemed practicable, and the clinical material has been most satisfactory in that it comprised those cases for which the services would be beneficial.

The habit clinics operating in any community aim to avoid duplication of services available elsewhere and to this end endeavor to exclude the mentally defective so that the time may be spent to advantage with those cases of normal intelligence who present problems of maladjustment due to undesirable habits, personality deviations, and delinquent trends.

The Holyoke clinic opened on June 11, 1931, with the same staff as directed the Northampton clinic, with the addition of a specialist in speech training from Mount Holyoke College. The clinic was held once a week in the Skinner out-patient building of the Holyoke Hospital. In Holyoke, as in Northampton, the clinic was received and supported enthusiastically by the community. Parents, medical groups and schools represented the sources from which our patients came. While there was a feeling on the part of social agencies that most of the cases might be benefited by some sort of psychiatric service, the over-inadequacy of the social and economic situation in many of their cases, made it impractical to consider them for a specialized service of this sort. However, frequent conferences and consultations were had between the psychiatric social worker at the clinic and workers from these social agencies. In January the Holyoke child guidance clinic is to be taken over by the Northampton State Hospital who will supply the entire personnel from the hospital with the exception of the speech worker.

The Division of Mental Hygiene had been conducting a monthly clinic in Reading for six years, until June, 1931 when a long felt need for a more intensive service was fulfilled by making this a weekly clinic. Both the school department and the community as a whole have manifested an increasing interest in a psychiatric program and the clinic is consulted on innumerable problems of varying sorts. Weekly conferences are held at the close of the clinic at which are the school superintendent, the school nurse, the director of the Department of Standards and Measurements and the habit clinic staff.

The Beverly clinic was changed in October from a monthly to a semi-monthly clinic. Incidentally, this increase in the service rendered does not seem adequate to meet the demands of the community and it is hoped that a weekly clinic may be possible in the not too distant future.

The habit clinic at the Boston Dispensary has been one of the training centres for the Tufts Medical School students. The removal of the nerve clinic, with which the habit clinic cooperates, from the old Dispensary to the new building has provided more spacious quarters and a generally more desirable location, all of which has been conducive to the clinic's efficiency.

The psychological staff of the Division of Mental Hygiene has spent considerable time in conducting studies along special lines and have made encouraging progress in the particular problem of reading disability. This is one of the more common difficulties noted in the younger school children and therefore warrants our attention, especially as it is now recognized as a special problem in education. The problem when met with at the clinic logically falls to the care of the psychologist for treatment. Realizing that this is primarily an educational problem yet at the same time a psychological and frequently a psychiatric one, the psychologists have focused their attention on therapy for these cases by means of remedial reading. Through the effort of the psychological department, the Division had the invaluable services of a volunteer worker, especially trained to treat these problems. Arrangements have been made possible for all children with this problem of reading disability to be given supplementary services of a corrective sort of Professor Durrell's clinic at the Boston University School of Education. Here they have a corps of highly trained workers who have accomplished excellent results with these special problems. The affiliation which the Division has had with this clinic has been a most valuable one because of the assistance rendered clinic cases. Two members

of the psychological staff have published papers during the year dealing with the more common psychological problems seen in children. Left handedness is a problem to which the clinic psychologists have made some interesting contributions, both in writing and in practical efforts at clinic.

Arrangements have been completed for the opening of the Lowell clinic which is anticipated for January, 1932. Preparatory to the establishment of the clinic, a regular course of lectures in mental hygiene was arranged during which the purposes and plans of the incoming clinic were delivered.

Child guidance must of necessity include parental education since recommendations for the solution of the child's problems invariably involves altering parental attitudes and practices and reorganizing that part of the child's environment which contributes to his asocial behavior. One never can deal successfully with the child without understanding the parents. With this in mind, the Division has made an earnest effort to contribute, to the various educational programs as organized and developed by other agencies. Clinics, after all, can provide only a very small part of the service needed for guiding the vast number of problem children in every community, but by educating those directly responsible for the training and supervision of children, such as parents, teachers, nurses, and others of the lay group, it is going to be possible for parents and others to deal more intelligently with the whole problem of child training.

The clinic staff has cooperated in other educational programs which have included the following: the Parents' Institute, University Extension Course sponsored by the Massachusetts Department of Education, Massachusetts Department of Public Health, Parent-Teacher Associations, mothers' clubs, women's clubs and allied organizations where lectures in mental hygiene were requested.

Consultant services have been rendered to other state departments on request, some of a more prolonged type than others. A consulting service to the North Reading Sanatorium has been continued over the past three years with gratifying results, both as regards the Sanatorium and those officiating in the staff group. It is a recognized fact that in an organization of this kind where the primary goal is physical health, the desired results are going to be obtained more easily and efficiently when the patient has attained the proper mental attitude toward the treatment. The clinic has made a valuable contribution in that direction by studying and making recommendations in those cases where the child's attitude and general behavior were not in accordance with a successful physical program. Assisting some of these children to a better adjustment in a new and often misunderstood environment at the Sanatorium has not only helped the child physically but has made it easier for the hospital to continue more smoothly in its medical endeavors. The habit clinic staff have not only given a service to individual cases there, but have also made a study of the institution as a whole and on the basis of these findings have made psychiatric recommendations with the idea of stimulating attention toward the psychological aspects of the children, appreciating the role it plays in the child's progress as a whole. In many cases where improvement has been effected in the child during his stay in the Sanatorium, it has been found to carry over and further benefit him physically and psychologically on his return home and at the same time has lessened the possibility of a relapse and return admission. A psychiatric interview and psychological examination for applicants for the Sanatorium has been a feature of this consultation service.

The total attendance in all the clinics has shown a marked increase over other years — whether economic factors precipitated by the existing depression have been a cause for this is a moot question, unanswerable on the basis of the data at hand.

All of the clinics seem to occupy definite places in the scheme of community activities where they operate, and in several centers the habit clinics have been identified as an integral part of the local social work and educational programs and the services widely used. An interesting feature has been the gradual change in quality of the case material referred. Where formerly a large percentage of cases were those in which the situations were so involved and problematical as to be considered highly impractical for psychotherapy, now the cases are of a more selective type where study and therapy are facilitated by cooperative and interested

parents, together with ready assistance from the referring agency. A better understanding by the agencies of the possibilities of such a clinic has undoubtedly directed them to refer only those cases where they feel a psychiatric service will avail results. Without this appreciation the clinic could be burdened with much undesirable material where satisfactory results would not be obtainable.

There has developed a mutually helpful relationship between the clinics and the administration centers of the public schools and frequently advice is sought, not only in individual cases but also in general questions of curriculum and discipline.

The changes in the staff during the fiscal year have been as follows:— Mrs. Myrtle C. Tandy came on to fill the vacancy made by the resignation of Miss Dorothy Winslow, and Dr. Ella P. Cahill and Dr. Harvey Spencer joined the staff as assistant psychiatrists for part time work.

The cooperative plan which has existed for the past two years between the Department of Mental Diseases, Tufts College, and the Boston Dispensary, whereby the Dispensary material is utilized for teaching purposes in psychiatry for the Tufts College students and the facilities of the Dispensary are also available for study and research, has worked out exceptionally well for all concerned.

Dr. Arthur Berk with the assistance of Miss Leonore Lane, completed during the past year, a study of the "Parents of Neurotic Children" which will be presented for publication within a short time and, at the present time, in association with the Director of the Division, are studying children who manifest pre-delinquent trends. These observations were reported in part at a meeting of the Harvard Teachers Association on March 19, 1932 in a communication entitled, "Education and Crime."

It is an outstanding and unique feature of the relationship between the Department of Mental Diseases and Tufts Medical School that every senior is now spending at least one month in one of the state hospitals and in a recent conference between the Director of the Division of Mental Hygiene and the superintendents receiving these students, it was generally agreed that the medical student in the state hospital was a most stimulating influence. This cooperative plan between the state hospital and the medical school was very recently approved by Dr. Franklin Ebaugh who is making a study of training in psychiatry in the medical schools throughout the country.

In presenting an account of the work being done at the Psychopathic Hospital under grants from the Division of Mental Hygiene of the Department of Mental Diseases, Dr. H. C. Solomon reports as follows:

"It would seem advisable to give an account of the physical set-up and the personnel at work. At the outset, it may be stated that great assistance has been given by the various members of the medical and nursing staff, and other employees of the Psychopathic Hospital. We have available for our work two small wards, one for male, and one for female patients, which allows us to handle a group of approximately fourteen patients at all times under carefully supervised conditions. In addition to this, we have had the possibilities of utilizing certain other bed space in the hospital. In conjunction with these wards, we also have three treatment and experimental rooms. Special biological-chemical laboratories have been made available. Equipment has been purchased not only through funds obtained from the Mental Hygiene Division, but have been supplemented in part by grants from the Harvard Medical School, and in part by the Psychopathic Hospital.

"The personnel at work on the problems to be enumerated is as follows: Doctors S. E. Epstein, I. Kopp, and F. D'Elseaux, the latter receiving his salary from the Commonwealth Fund. In the laboratory, working as technician is Miss Peterman, a well-trained chemist. The salary of a trained nurse and several attendants has been made available by the Mental Hygiene Division.

"The work undertaken may be well divided into three main divisions: (1) the work dealing with the treatment of neurosyphilis; (2) the work dealing with the treatment of epilepsy; and (3) the work dealing with the treatment of stuporous conditions.

"The treatment of neurosyphilis, which has continued for more than seventeen years, has led to the acquisition of a great amount of material. It is our constant

aim to study this material, to analyze it, and to learn from it certain factors concerning the best methods of treating cases of neurosyphilis, especially those of the more malignant type falling under the category of general paresis.

"As a result of experience, it appears that the most satisfactory treatment narrows down to two types; the use of tryparsamide intravenously, and the febrile methods.

"Tryparsamide was first put into our hands in 1923. We therefore have approximately eight and a half years of experience with this drug. The febrile method, in the form of malaria, was first used by us in 1926. Since that time we have used malaria constantly, but have used other febrile-producing methods as well, such as sodoku (rat-bite fever), typhoid vaccine, and more recently, diathermy. The point we wish to determine, of course, is the most efficient method of handling cases of general paresis. A careful analysis of the results of treatment over the past five years with malaria is now in preparation. The preliminary results indicate that about one-third of the patients make a very satisfactory and prolonged recovery enabling them to take their place in the community and become self-supporting. The length of life has greatly increased in another 40% of the cases with unquestionable mental improvement, although perhaps not sufficient to allow them to be self-supporting.

"The question as to whether the combination of tryparsamide with malaria is more effective than either one alone, is still an unsolved problem about which we are continuing to try to get light. The place of fever created by diathermy is another unsettled problem. There are a number of advantages of diathermy, if it has as satisfactory curative effect as malaria. The treatment is much less severe on the patient and does not lead to debilitation that so often accompanies malarial treatment. It can be used on patients whose general physical health is such that malaria seems unwise. It is also possible to treat ambulatory patients with this method without the necessity of continuous and prolonged hospitalization. The fevers are also under thorough control. The chief disadvantage is the difficulty in avoiding burns. While we have had none that have been serious, nevertheless they are unpleasant and when they do occur, of course interfere with the continuation of this type of treatment.

"In the prosecution of the studies on the treatment of syphilis of the central nervous system, there has grown up a rather large out-patient clinic.

"In conjunction with the studies on the treatment of neurosyphilis with diathermy, Dr. Kopp has been studying the effect of diathermy fever on the basal metabolism and will shortly be ready to present this subject. He has also undertaken a study of the effects on the fever of certain drugs.

"The differential effect of arsphenamin and tryparsamide have been studied in relation to the following: (1) syphilis of the nervous system; (2) the effect of these drugs on rat-bite fever; and (3) the effects of these drugs on patients with malaria. This material is now in preparation for publication. It may briefly be stated that tryparsamide has no particular beneficial results on syphilitic lesions outside of the central nervous system, whereas it has an almost specific effect on early involvement of the central nervous system, which is in contra-distinction to the effect of arsphenamin, which has marked effect on syphilis outside of the nervous system, and very much less effect when the central nervous system is involved. In the case of sodoku, arsphenamin acts as a direct curative agent, whereas tryparsamide causes a definite healing of the preliminary lesion of this disease, but does not in any way control the fevers that occur in human beings. In malaria, again arsphenamin acts as a distinct curative agent, whereas tryparsamide has apparently no effect.

"The studies on epilepsy have taken on two aspects, namely, an attempt to diagnosis the underlying brain disturbance when this exists, and secondly, methods of treatment. One of the most satisfactory methods of obtaining information concerning the cerebral structure is by encephalography. In doing encephalography one of the difficulties has been the distress that it causes the patient. Along with other studies concerning the so-called fixed anesthetics, we have found that encephalography may be readily performed with the patient anesthetized with such substances as pentobarbital, sodium amytal, and avertin. The patient being in a

state of anesthesia, it is rather advantageous to have a method of holding the patient in the proper position for the introduction of air, and for the subsequent taking of X-rays. For this reason Dr. Epstein has developed a special frame for the patient. A description of the method and the frame, has been accepted by the Journal of the American Medical Association for publication in the immediate future.

"In the treatment of epilepsy, we have been particularly interested in the long period of observation of the patients under several forms of therapy. From the point of view of this sort of study, we have selected patients having very frequent seizures, that is, as a rule several in twenty-four hours. Studies have been made on the effects of dehydration, acidosis produced by ketogenic diet, and acidosis produced by chemical means (ammonium nitrate), and a combination of these methods. Latterly we have been studying the effects of these acidotic methods on the hydrogen-ion concentration of the blood, and as far as we have gone, there seems to be definite evidence that these methods do not produce the change in hydrogen-ion concentration that is theoretically desirable. Further work along these lines is required before having any satisfactory data to present, or final conclusions to offer.

"For several years studies have been under way with stuporous patients. That high concentrations of carbon dioxide and certain of the fixed anesthetics have a temporary but striking effect on the stuporous patients, has been demonstrated elsewhere, and confirmed by us. In order, however, to understand what the changes in the mental state of the patient were due to, as well as to try to throw some light upon the basic factors involved in this type of disorder, it was thought advisable to study in more detail the various physiological changes brought about by these procedures. For this purpose, Dr. D'Elseaux has perfected himself in the technique of physiological chemistry necessary to carry out such study. He has also developed a fairly elaborate laboratory and experimental set-up including Haldane and Van Slyke machines, constant temperature baths and the like for the study of the blood, spirometers, and motion picture outfit for the recording of overt behavior of the patient, and has trained the nursing and laboratory staff.

"Studies have been made in the acid-base balance, the change in oxygen transport and utilization, the changes in pulse, respiration, ventilation, and blood pressure which occur as a result of the inhalation of varying amounts of carbon dioxide and oxygen. In controlling these procedures, other factors have been studied such as the ingestion of acid and alkaline substances, the application of diathermy, the administration of nitrous oxide, and the production of protein shock, and the like. Distinct progress has been made in these studies, and much material is now in form ready for publication.

"As outgrowths of the above-mentioned problem, several allied investigations have been carried on and may be briefly mentioned.

a. The acid-base balance has been determined in a group of psychotic patients. The data on hand indicates that the respiratory centers are less sensitive in the general population of the hospital than is the case in more normal individuals. This work seems to confirm the hypothesis put out by Golla and Mann of Maudsley Hospital, and deduced from work of a less direct and dependable nature, and to disprove conclusions arrived at by Bond and his associates. More control work as well as work aimed at explaining in detail the cause for this phenomenon must be done.

b. The metabolism of lactic acid has been studied in widely varying physiological states. This data indicates how little this function of the body is dependent upon the various physiological states which have been assumed to effect it greatly. It also indicates the normality of this function in the psychotic subjects studied in the resting state.

c. The ability of hemoglobin to combine with oxygen has been studied, and some cases found in which this function is now as adequate as in the normal. The exact meaning of this phenomenon cannot at the present time be stated. Is it due to a degeneration of or a lack of maturation of the hemoglobin of possibly some toxic factor comparable to the effect of carbon monoxide poisoning?"

Dr. Abraham Myerson, directing the researches at the Boston State Hospital, reports the following.

"The research laboratory at the Boston State Hospital has occupied itself with several studies concerning brain chemistry and intracranial pressures under experimental conditions. Especially have we concerned ourselves with the effect of drugs upon the brain chemistry and the intracranial pressures.

"The drugs used have been either, adrenalin, histamine, amylnitrite, caffeine citrate and insulin. The results are to appear in two publications in the Archives of Neurology and Psychiatry, April, 1932. They show that these drugs have selective effects on the pressures within the brain. This is especially important as it gives indications for the use or disuse of these drugs in the human being. In the case of insulin we have been able to show that the excessively powerful preparation lowers the use of oxygen and brings about brain symptoms.

"We believe that we have a very important lead for the treatment of epilepsy, and are carrying on a collaborative research with the Monson State Hospital. We think it is premature to indicate what we are doing, but it concerns itself with the effect of drugs upon the water metabolism of the brain and the relation to the frequency of fits. This work is still going on, as is the other work indicated above.

"Several papers were read before societies during this past year, one before the American Association for the Advancement of Science and several before local societies. It has, as we believe, been conclusively proven by our work and by those who have used the same method that the use of sugar by the brain is greater than by any other organ of the body, and that this use of sugar is all-important in the functioning of the brain. Just what that will lead to it is impossible to state at the present time, but it gives a basis for the understanding of brain activity in a measurable chemical way.

"The technique which we have introduced was used by us in collaboration with the Harvard Fatigue Laboratory to establish the fact of the lack of oxygen on the brain activity. The method was also used in various laboratories throughout the United States for special problems. We have been in communication with these laboratories, and their directors feel certain that in their hands the internal jugular puncture method will lead to a very much better understanding of the brain activity and mental states than we have at present."

Research work on the problem of schizophrenia has been conducted at the Worcester State Hospital for the past five years. It has been carried out with the combined resources of the Memorial Foundation for Neuro-Endocrine Research, the Worcester State Hospital, and, for the past two years, with the assistance of the Division of Mental Hygiene, Department of Mental Diseases.

The work has been under the immediate direction of Dr. R. G. Hoskins of the Memorial Foundation for Neuro-Endocrine Research and Dr. F. H. Sleeper of the staff of the Worcester State Hospital. The work has been commented on in the Annual Reports of the Worcester State Hospital during this period.

Up until July 1931, the research work was primarily directed toward determining the incidence of endocrine failure in patients suffering from dementia praecox and checking the effects of therapy on the patients. The necessity for quantitative methods for the determination of regression and improvement has been apparent from the start. Because of financial limitations this aspect of the problem has had to be treated very inadequately, but with the addition of certain funds from the Foundation, which became available in April, 1931, it was possible to employ additional personnel to care for the development of quantitative methods. During the year, a Statistical Service has been organized, headed by E. Morton Jellinek as Chief Statistician. A committee was appointed under the Chairmanship of David Shakow, Chief Psychologist, which has evolved a methodology for the purpose of quantitating psychiatric symptomatology. Only a start has been possible in this work, but sufficient has been done to suggest strongly the practicality of the scheme.

We have found it necessary to study patients with schizophrenic episodes as well as cases which go on to so-called "deterioration." Over the five year period of time we have seen patients labelled as "deteriorated" who have shown striking improvement. We have frequently encountered the difficulties of classifying cases

according to the Kraepelinian categories. Diagnoses frequently shift, demonstrating to our satisfaction at the present time the general inadequacy of this type of classification. Diagnosis, as such, is of relative unimportance based on the present nosological schema.

Since August 1, 1931, we have been making correlations between psychiatric diagnoses evolved on the unsatisfactory Kraepelinian schema and physiological and psychological data obtained throughout the workings of the so-called "Seven Months' Plan." It may be possible, having secured data from the psychiatric, physiological and psychological methodologies observed simultaneously, or approximately so, on the same patient, to bring order out of the classification chaos which exists in the field of schizophrenia at this time.

The clinic frankly favors the idea of organic causation of the condition, while being willing to grant that psychogenic factors may precipitate the psychosis. We must know the variations which occur in the psychiatric, physiological and psychological pictures without therapeutic variables of any sort being injected.

In the Seven Months' Plan, the schema takes into consideration most of the major theories as to the etiology of dementia praecox. A standard practise has been evolved and the practicality of such a program of cooperative research has been demonstrated. It lends itself to the exclusion of tests found by analysis to be of no value and to the inclusion of other tests which may be of value. The possible statistical permutations of such a scheme are obvious and should lead to the solution of many major and minor problems facing the investigator in the field. An outline of the Seven Months' Plan is appended. It will be noted psychiatric notes are frequent and are so planned as to permit correlations between the psychiatric and physiological states.

Drs. Hoskins and Sleeper had an exhibit at the American Medical Association Meeting at Philadelphia in June, 1931 on the general subject of dementia praecox. At the same meeting, Dr. Hoskins gave a paper on "An Analysis of the Schizophrenia Problem from the Standpoint of the Investigator" which was published in the Journal of the American Medical Association, September 5, 1931, Vol. 97, Pages 682-684. A paper on "Dementia Praecox, A Simplified Formulation" by Dr. Hoskins appeared in the same Journal, April 11, 1931, Vol. 96, Pages 1209-1211. A paper on "Grading of Patients in Mental Hospitals as a Therapeutic Measure" by Drs. Erickson and Hoskins appeared in the American Journal of Psychiatry, Vol. 11, No. 1, July, 1931. A paper by Drs. Hoskins and Sleeper was presented before the American Chemical Society in Buffalo on "Endocrine Treatment of Psychoses."

It may be of interest to note that the Research Service in the Worcester State Hospital is, without doubt, the largest organized Research Service in state hospitals in the United States with its efforts directed toward one mental disease.

The various problems under study are so numerous as to preclude amplification at this time. On the basis of the work as outlined in the Worcester project, the pathological physiology of a large group of patients suffering from dementia praecox can doubtless be written.

During the year ending November 30, 1931, the Worcester Child Guidance Clinic which is directed by Dr. Samuel W. Hartwell and is part of the extramural activities of the Worcester State Hospital, examined 188 children. Approximately 70% of these children were taken as clinic treatment cases. In all such cases, one or both of the parents, and often other members of the family, were seen as a part of the treatment plan. This means that we are attempting to get across to these people an understanding of the problem from the angle of mental hygiene. The treatment cases, themselves, are of course all dealt with in this way.

During the year the staff of the clinic gave approximately 125 lectures, forums and University Extension courses to groups of people representing teachers, nurses, parents, church groups, luncheon clubs and women's clubs. These talks all dealt, either directly or indirectly, with problems of mental hygiene. The University Extension courses, four of which were given by the Director, were all courses in mental hygiene.

In the training of students, both social psychiatric and psychiatric mental hygiene as such is kept in the foreground of the ideas presented.

The clinic has been working intensively over a long period of time with a considerable number of children. Approximately 200 complete records are being kept on these, and we feel that we are accumulating a mass of material that will be useful in research along the lines of mental hygiene.

Following is a list of papers published during the year by those associated with the Division of Mental Hygiene, Department of Mental Diseases:

1. The Physiological Approach to the Psychoneuroses; by Dr. A. Myerson. Bulletin of the Massachusetts Department of Mental Diseases, April, 1931, Volume 15.
2. Studies of the Biochemistry of the Brain Blood by Internal Jugular Puncture; by Drs. A. Myerson and R. D. Halloran. American Journal of Psychiatry, Vol. 10, No. 3, November 1930 and Bulletin of the Massachusetts Department of Mental Diseases, April, 1931, Volume 15.
3. Comparison of Treated and Untreated Cases of General Paresis; by Dr. J. Loman. Bulletin of the Massachusetts Department of Mental Diseases, April, 1931, Volume 15.
4. The White Blood Cells in General Paresis; by Dr. W. Dameshek. Bulletin of the Massachusetts Department of Mental Diseases, April 1931, Vol. 15.
5. Sedimentation Rates in Various Psychoses; by Miss Caroline Stephenson. Bulletin of the Massachusetts Department of Mental Diseases, April, 1931, Volume 15.
6. The Composition of Blood in the Artery, in the Internal Jugular Vein and in the Femoral Vein during Oxygen Want; by Drs. A. Myerson, J. Loman, H. T. Edwards, and D. B. Dill. The American Journal of Physiology, Volume 98, No. 3, October, 1931.
7. Symposium — Intracranial Pathology, Lesions, Diagnosis and Treatment; by Drs. Timothy Leary, A. Myerson, and John S. Hodgson. New England Journal of Medicine, Volume 204, No. 19, pp. 984-992; May 7, 1931.
8. Standardizing of Ellis Memory Test for Children of Three to Seven Years Old; by Miss Helen Bogardus. Not published yet — written for a course at Harvard University.
9. The Types of Reading Disability; by Dr. Rose Hardwick. Child Education, April, 1931.
10. Difficulties of Speaking, Hearing, and Seeing (Regarding Retarded Children); by Dr. Rose Hardwick. Understanding the Child, March, 1931.
11. Short Auditory Span Disability; Miss Margaret Saunders. Childhood Education, October, 1931. Pages 51-65.
12. Some Possible Motives in Sexual Delinquency in Children of Adequate Intelligence; by Miss Florence Sears. Smith College Studies in Social Work, September, 1931.
13. A Study of the Personalities of the Parents of Habit Clinic Children; by Dr. Berk, Miss Lane, and Mrs. Tandy. Not completed by December, 1931.
14. Trauma and Dementia Paralytica; by Drs. Joseph A. Klauder and H. C. Solomon. Journal of the American Medical Association, Jan. 3, 1931, Vol. 96, pp. 1-7.
15. Some Effects of the Inhalation of Carbon Dioxide and Oxygen, and of Intravenous Sodium Amytal on Certain Neuro-Psychiatric Conditions; by Drs. H. C. Solomon, M. R. Kaufman, and F. D'Elseaux. Amer. Jour. of Psychiatry, Vol. X, No. 5, March 1931.
16. Tryparsamide in the Treatment of Neurosyphilis; by Drs. H. C. Solomon and S. H. Epstein. New York State Journal of Medicine, August 15, 1931.
17. Involvement of Central Nervous System in a Case of Glandular Fever; by Drs. S. H. Epstein and W. Dameshek. N. E. Journal of Medicine, Vol. 205, No. 26, pp. 1238-1241, December 24, 1931.
18. Mental Hygiene and the Depression; by Dr. D. A. Thom. To be published in Journal of Mental Hygiene.
19. Education and Crime; by Dr. D. A. Thom. Harvard Teachers Record, April, 1932.
20. Mental Hygiene and the College Student; by Dr. D. A. Thom. Not published yet.

21. Normal Youth and Its Everyday Problems (Book); Dr. D. A. Thom. D. Appleton & Company, New York.

Respectfully submitted,

DOUGLAS A. THOM, *Director*.

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS.

To the Commissioner of the Department of Mental Diseases:

The annual report of the operation of the Division for the Examination of Prisoners for the year ending November 30, 1931 is respectfully submitted.

The organization of the Division and the general detail of operation are substantially the same as in preceding years.

The central office is at Room 932, Lawyers Building, 11 Beacon Street, Boston, and is in immediate charge of the Director of the Division. Four part-time psychiatrists are attached to this office, as follows:

Frank H. Carlisle, M.D. — Examiner at the Suffolk County Jail.

Miner H. A. Evans, M.D. — Examiner at the Suffolk County House of Correction.

Edward Mellus, M.D. — Examiner at the Middlesex County House of Correction.
Abraham Myerson, M.D. — Examiner at the Norfolk County House of Correction.

1 psychiatrist — Vacant.

Mr. Eugene F. McCarthy, Psychologist, makes psychometric examinations at all of the county jails and houses of correction.

Five social workers are assigned to this office. On November 30, 1931, they were distributed as follows:

M. Carmen Burr — Investigator at the Norfolk County House of Correction.

Grace I. Linscott — Investigator at the Suffolk County Jail.

Ethel P. K. Stowe — Investigator at the Suffolk County House of Correction.

Carlotta A. Weith — Investigator at the Middlesex County House of Correction.

Sarah D. Small — temporarily assisting on a special statistical study.

Four District offices are maintained. Each office is under the immediate charge of a District Psychiatrist, employed on a part-time basis. These offices conduct social service investigations, make psychiatric examinations, type the cases records and transmit them to the central office. They are located as follows:

SALEM: Room 7, 133 Essex Street. Dr. Guy C. Randall, Psychiatrist. Veronica O. Wilder and Carolyn D. Harlow, social workers.

Margaret Fitzgerald, full-time junior clerk and stenographer, and Katherine Kelley, part-time junior clerk and stenographer.

This office handles cases in the Salem House of Correction, the Lawrence House of Correction, and the Essex County Prison Camp.

WORCESTER: 36 Pleasant Street. Dr. M. M. Jordan, Psychiatrist. Eda F. Anderson, social worker.

Ernestine Richard, part-time junior clerk and stenographer.

This office handles cases in the Worcester County House of Correction.

TAUNTON: 632 Somerset Avenue. Dr. John F. O'Brien, Psychiatrist. A. Gertrude Daley and Helena Sidis, social workers.

Helen Brennan, full-time junior clerk and stenographer.

This office handles cases in the Plymouth County House of Correction, and the Bristol County House of Correction.

SPRINGFIELD: 111 Dickinson Street. Dr. Harold C. Goodwin, Psychiatrist. Winfield E. Ohlson, social worker.

Mary E. Murtaugh, part-time junior clerk and stenographer.

This office handles cases in the Hampden County House of Correction, the Hampshire County House of Correction, Berkshire County House of Correction, and the Franklin County House of Correction.

Dr. Earl K. Holt, who became Director of the Division for the Examination of Prisoners July 15, 1930, was appointed Superintendent of the Medfield State

Hospital. He was succeeded by Dr. Arthur N. Ball, formerly Chief Executive Officer at the Boston Psychopathic Hospital, who was appointed Director of the Division November 27, 1931.

The Advisory Committee for this Division, during the year ending November 30, 1931, was composed of the following members:

George M. Kline, M.D.	Earl K. Holt, M.D.
L. Vernon Briggs, M. D.	Mr. Herbert C. Parsons
Ralph M. Chambers, M. D.	Mr. Frederick Butler
A. Warren Stearns, M.D.	

There have been 787 cases completed during the year covered by this report, making a total of 8,386 complete examinations since the organization of the Division. It will be seen that there has been a fairly steady diminution in the number of examinations made each year. However, what has been lost in quantity has been more than compensated by quality. The records, as now being worked up, are very complete and cover about every source of information available within a reasonable space of time. With the present personnel (which is somewhat smaller than during the early days of the Division), and allowing the average time off duty for vacations, sickness, etc., between 900 and 950 excellent case records can be made. During the year just ended, there was an unusually large amount of time off due to illness and considerable time was lost because of changes in personnel. The small number of records completed during the year is thus accounted for.

As in previous years, the Division has not been able to examine all cases coming within the provisions of Chapter 309, Acts of 1924. To do this in an adequate manner would require a greatly increased personnel; something hardly to be hoped for at the present time. The increasing number of "Repeaters", — prisoners previously examined by this Division, — referred for examination each year helps this situation somewhat as it is not necessary, or often advisable, to make a second examination. Selection of cases for examination has been governed, as in previous years, largely by the length of sentence. Those committed for two months or less are usually not examined, excepting in cases where an examination is requested by the Court or by some County official.

It is apparent that the records of this Division are being referred to more frequently each year by judges and probation officers. Private social agencies occasionally request permission to inspect the case histories of persons in whom they are interested. To reputable agencies, when the need seems urgent, inspection is permitted with the understanding that any information obtained will be held in the strictest confidence.

Cooperation from the various public officials and private agencies consulted in connection with the work of the Division has been generally excellent. In rare instances, transient clashes of opinion have occurred between social workers and petty jail officials, but these differences have always been adjusted in a mutually satisfactory manner.

During the year, the statistical analysis of the tables compiled from data taken from five thousand cases examined by the Division has progressed. The results of this analysis are being written up under various topics, such as age, type of offense, etc. Several of these topics have been completed, and it is hoped that they will be incorporated in a report which will show many interesting characteristics of this group of prisoners.

Changes in Personnel follow:

Rosina P. Kelley, Junior Clerk and Stenographer, Boston office, resigned January 23, 1931.

Margaret Fitzgerald, Junior Clerk and Stenographer, Salem office, granted a leave of absence March 9, 1931 for one month.

Betsy Gatten, Social Worker, Taunton office, resigned March 31, 1931.

Helena Sidis, appointed social worker Taunton office June 1, 1931.

Sarah D. Small, social worker, Boston office, granted a leave of absence from July 6, 1931 to August 3, 1931.

Eugene F. McCarthy, psychologist, granted a leave of absence from June 1, 1931 to June 30, 1931. Leave of absence extended from June 30 to July 31, 1931. Leave of absence extended from July 31 to August 10, 1931.

Charles Atwell, temporarily appointed as Psychologist, from April 27 to August 8, 1931, at maximum of four days per week.

Carolyn D. Harlow, Social Worker, Salem office, granted a leave of absence from November 1, 1931 to June 1, 1932.

Earl K. Holt, M. D., Director of this Division, appointed Superintendent of the Medfield State Hospital November 18, 1931.

Arthur N. Ball, M. D., appointed Director of this Division November 27, 1931.

Respectfully submitted,

ARTHUR N. BALL, *Director*.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1931, is respectfully submitted.

The subjects listed below are discussed in this report:

I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.

(a) Historical Sketch of Organization, 1914-1931.

(b) Total Examinations, 1931.

(c) Diagnosis of First Examinations, 1931.

(d) Diagnosis of Re-examinations, 1931.

(e) Personnel of Clinics, 1931, by Institution.

(f) Comparison Between Diagnosis of First Examinations and Re-examinations, 1931.

(g) Comparison Between Diagnosis of First Examinations and Re-examinations, 1928, 1929, 1930, and 1931.

(h) Total Examinations, 1926-1931, inclusive, by Clinic.

(j) Total Towns Examined, 1926-1931.

II. Incidence of Retardation, 1931.

III. Research in Mental Deficiency.

IV. Publications.

V. Social Service Division.

VI. Analysis of Waiting Lists to All State Schools, 1931.

VII. Recommendations.

Graph I. Number of Clinic Examinations, 1915-1931.

Graph II. Cumulative Graph of Clinic Examinations, 1915-1931.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS.

(a) *History.*

During the year 1931 the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for seventeen years, and have been State-wide in their function since 1921, or a period of ten years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic

regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931:— "The school committee of every town shall annually ascertain, *under regulations prescribed by the Department of Education and the Department of Mental Diseases*, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931)."

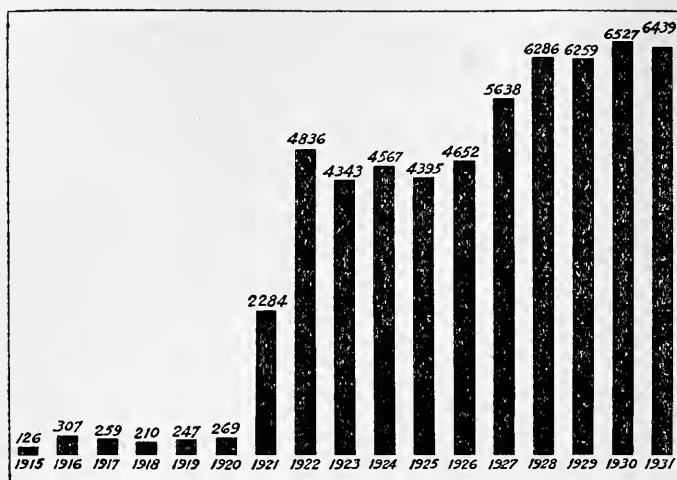
With the amendment of 1931, radical changes in the school clinic law which have been under consideration for a good many years were effected. Reference is made particularly to that section permitting examinations of children less than three years retarded. Quite often problem cases have come to the attention of the school authorities needing examination and care, but who could not be examined under the restrictions of the previous law. We feel that this change is one of the most constructive moves ever made in this particular field. While it doubtlessly increases the work of the clinic, still the increased scope of the service will more than justify any slight added expense.

In 1931, a law was passed by the Legislature providing for an investigation relative to the further care and supervision of special class children in the public schools. This is as follows:

Chapter 34:— "*Resolved*, That the commissioner of education and the commissioner of mental diseases, acting jointly, are hereby authorized and directed to investigate relative to the expediency and feasibility of establishing, in connection with public school systems of the several cities and towns within the commonwealth, facilities for the supervision, outside of school hours, of mentally defective and retarded children attending special classes established under section forty-six of chapter seventy-one of the General Laws, and relative to the advisability of establishing facilities for the social supervision of all children under twenty-one years of age who formerly attended said special classes. For the purposes of this resolve, said commissioners may expend such sum, not exceeding twelve thousand dollars, as may hereafter be appropriated. Said commissioners shall report to the general court the results of their investigation and their recommendations, if any, together with drafts of legislation necessary to carry such recommendations into effect, by filing the same with the clerk of the senate on or before the first Wednesday in December in the year nineteen hundred and thirty-two. (Approved June 2, 1931)."

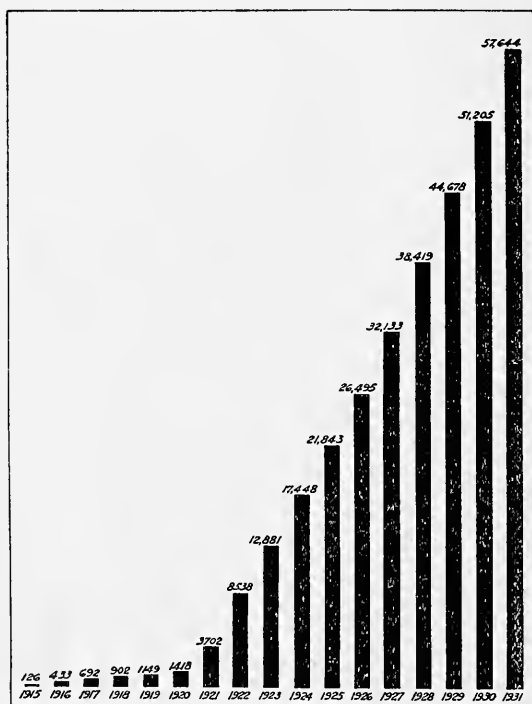
At the present time the Department of Education and the Department of Mental Diseases are working on the feasibility of establishing a unit to carry on this social supervision, although the plans are not yet entirely completed.

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows: "1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*"



GRAPH I.—NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915-1931.

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. Graph II outlines the accumulation of examinations. It shows that a total of 57,644 examinations of retarded children have been conducted by the clinics during the seventeen years of operation.



GRAPH II.—CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915-1931.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents and school teachers, and with clinic psychiatrists so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. Superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the class placement of retarded children. They are proving to be less critical of the decisions of our clinic psychiatrists. They recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various State hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) *Total Examinations During 1931.*

Table I reveals that a total of 6,439 examinations were conducted by all clinics during the year 1931. Of these examinations 5,015, or 77.8 per cent were first examinations, and 1,424, or 22.1 per cent were re-examinations. The sex difference is noticeable in that 4,286 or 66.5 per cent of all examinations were males, and 2,153, or 33.4 per cent were females.

TABLE I. — *School Clinic Examinations Conducted during Year Ended November 30, 1931, by Institution, Status of Recommendation, and Sex.*

INSTITUTION	TOTAL											
	Total Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	522	345	177	240	165	75	56	21	35	226	159	67
Boston Psychopathic . . .	126	88	38	5	3	2	1	1	—	120	84	36
Boston State . . .	397	247	150	134	72	62	18	9	9	245	166	79
Danvers . . .	343	234	109	192	128	64	6	3	3	145	102	43
Foxborough . . .	445	300	145	110	70	40	14	6	8	321	224	97
Gardner . . .	125	94	31	62	51	11	5	3	2	58	40	18
Grafton . . .	384	239	145	167	96	71	9	5	4	208	138	70
Medfield . . .	322	216	106	238	161	77	2	1	1	82	54	28
Monson . . .	439	293	146	268	174	94	17	12	5	154	107	47
Northampton . . .	523	372	151	244	166	78	9	6	3	270	200	70
Taunton . . .	353	236	117	134	88	46	5	2	3	214	146	68
Walter E. Fernald . . .	1,438	924	514	1,082	710	372	65	33	32	291	181	110
Westborough . . .	78	54	24	32	25	7	5	3	2	41	26	15
Worcester . . .	37	24	13	22	15	7	1	1	—	14	8	6
Wrentham . . .	907	620	287	481	325	156	41	19	22	385	276	109
Total . . .	6,439	4,286	2,153	3,411	2,249	1,162	254	125	129	2,774	1,911	863
Per Cent . . .	100.0	100.0	100.0	53.0	52.5	53.9	3.9	2.9	6.0	43.1	44.6	40.1

TABLE I. — *School Clinic Examinations Conducted during Year Ended November 30, 1931, by Institution, Status of Recommendation, and Sex — Continued*

INSTITUTION	FIRST EXAMINATIONS											
	Total First Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	364	240	124	143	95	48	37	15	22	184	130	54
Boston Psychopathic . . .	108	72	36	4	2	2	—	—	—	104	70	34
Boston State . . .	283	184	99	74	42	32	7	3	4	202	139	63
Danvers . . .	278	189	89	154	103	51	6	3	3	118	82	36
Foxborough . . .	296	189	107	48	29	19	11	4	7	237	156	81
Gardner . . .	98	73	25	47	38	9	4	2	2	47	33	14
Grafton . . .	344	212	132	146	84	62	9	5	4	189	123	66
Medfield . . .	294	195	99	217	146	71	1	—	1	76	49	27
Monson . . .	324	211	113	182	115	67	9	5	4	133	91	42
Northampton . . .	315	220	95	138	86	52	5	4	1	172	130	42
Taunton . . .	228	158	70	95	65	30	5	2	3	128	91	37
Walter E. Fernald . . .	1,274	815	459	962	624	338	47	25	22	265	166	99
Westborough . . .	77	54	23	32	25	7	5	3	2	40	26	14
Worcester . . .	31	23	8	18	15	3	1	1	—	12	7	5
Wrentham . . .	701	463	238	368	238	130	28	11	17	305	214	91
Total . . .	5,015	3,298	1,717	2,628	1,707	921	175	83	92	2,212	1,507	705
Per Cent . . .	100.0	100.0	100.0	52.4	51.8	53.6	3.5	2.5	5.3	44.1	45.7	41.1

TABLE I. — *School Clinic Examinations Conducted during Year Ended November 30, 1931, by Institution, Status of Recommendation, and Sex — Concluded*

INSTITUTION	RE-EXAMINATIONS											
	Total Re-examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	158	105	53	97	70	27	19	6	13	42	29	13
Boston Psychopathic . . .	18	16	2	1	1	—	1	1	—	16	14	2
Boston State . . .	114	63	51	60	30	30	11	6	5	43	27	16
Danvers . . .	65	45	20	38	25	13	—	—	—	27	20	7
Foxborough . . .	149	111	38	62	41	21	3	2	1	84	68	16
Gardner . . .	27	21	6	15	13	2	1	1	—	11	7	4
Grafton . . .	40	27	13	21	12	9	—	—	—	19	15	4
Medfield . . .	28	21	7	21	15	6	1	1	—	6	5	1
Monson . . .	115	82	33	86	59	27	8	7	1	21	16	5
Northampton . . .	208	152	56	106	80	26	4	2	2	98	70	28
Taunton . . .	125	78	47	39	23	16	—	—	—	86	55	31
Walter E. Fernald . . .	164	109	55	120	86	34	18	8	10	26	15	11
Westborough . . .	1	—	1	—	—	—	—	—	—	1	—	1
Worcester . . .	6	1	5	4	—	4	—	—	—	2	1	1
Wrentham . . .	206	157	49	113	87	26	13	8	5	80	62	18
Total . . .	1,424	988	436	783	542	241	79	42	37	562	404	158
Per Cent . . .	100.0	100.0	100.0	55.0	54.8	55.3	5.5	4.3	8.5	39.5	40.9	36.2

We observe that 2,628, or 52.4 per cent of the total first examinations, were recommended for special classes: 51.8 per cent of male, and 53.6 per cent of female first examinations. One hundred seventy-five, or 3.5 per cent of the total first examinations, were recommended for placement within an institution: 2.5 per cent of male, and 5.3 per cent of female first examinations. Of the total re-examinations, we note that 55 per cent were recommended for special classes: 54.8 per cent of male and 55.3 per cent of the female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations, we observe that 3,411 children were recommended for special class care in Massachusetts

during a single school year. As the total in special classes in the towns having an examination in 1931 is now 4,764, we can see the great need for additional special class provision.

Seventy-nine, or 5.5 per cent of the total re-examinations, were recommended for placement within an institution: 4.3 per cent of all male and 8.5 per cent of all female re-examinations.

There are several interesting sex differences demonstrated in Table I. In the total children coming up for examination the boys outnumber the girls in a 1.9:1 ratio. Considering first examinations only, the ratio is 1.9:1. In re-examinations, the boys show a decidedly higher proportion, the ratio being 2.2:1. In the total number recommended for special classes the sex ratio is 1.9:1. While these differences are not very great, we may say that relatively fewer girls than boys are recommended for special classes.

It has been suggested that conduct in boys plus mental retardation may be the reason for the large numbers being referred for examination, or the 1.9:1 ratio. However, the still smaller number of boys recommended for admission to State schools interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a State school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment practically ruled out of consideration, we are forced to turn to other possibilities. There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility, of course, that the school curriculum or the scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools and become retarded in school work in practically a 2:1 ratio as compared with girls.

(c) *Diagnosis of First Examinations, 1931.*

Table II records the mental diagnosis of all first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 28.6 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 38.9 per cent of the girls fell in this grouping. However, it will be noted that in the dull, normal and superior groups the males presented higher proportions than the females. Thus, definitely higher proportions of females are being diagnosed as mentally defective. These percentage distributions are reflected somewhat in the average intelligence quotients. The average intelligence quotient for boys coming up for examination was .75, while that of the girls was .71.

The material in this table suggests that retardation in school work is more likely to be associated with mental defect among girls than boys. There is a striking preponderance of mentally defective girls as compared with boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degree of intellectual development. This is not necessarily so among the boys. With them, school retardation may be associated with all degrees of intelligence, the high as well as the low.

In 10.4 per cent of first examinations, the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child coming up for examination. If the psychiatrist doubts the mental status of the child, he defers his diagnosis, and requests that the child return for another examination on the next visit of the clinic.

TABLE II. — *Diagnosis of 5,015 First Examinations by School Clinics for Year Ended November 30, 1931.*

INSTITUTION	Total		Feebleminded 0— .69		Borderline .70— .79		Dull .80— .89		Average or Normal .90—1.09		Superior 1.10+		Diagnosis Deferred		Average I. Q.	
	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.
Belchertown	364	240	124	36	47	8	129	87	42	31	19	15	4	1	1	.75
Boston Psychopathic	108	72	36	99	1	16	97	8	38	13	50	36	14	8	1	.92
Boston State	283	184	99	24	33	59	31	23	29	29	33	25	8	1	1	.78
Danvers	278	189	89	92	59	34	54	31	23	4	11	9	2	1	1	.69
Foxborough	296	189	107	63	34	29	63	35	28	15	46	30	16	3	3	.79
Gardner	98	73	25	26	14	12	37	29	8	23	10	9	1	—	—	.76
Grafton	344	212	132	66	39	27	149	88	61	109	73	36	—	20	12	.75
Medfield	294	196	98	104	72	32	101	71	30	59	34	25	—	2	1	.74
Monson	324	211	113	78	44	34	130	80	50	36	26	10	7	—	—	.72
Northampton	315	220	95	155	100	55	30	21	9	25	22	3	3	—	—	.67
Taunton	228	158	70	80	49	31	78	56	22	53	41	12	11	1	1	.73
Walter E. Fernald	1,274	815	459	541	300	241	350	239	111	171	120	51	61	50	11	.70
Westborough	1,274	815	459	541	300	241	350	239	111	171	120	51	61	50	11	.68
Worcester	77	53	24	37	26	11	22	15	7	5	1	2	2	—	—	.68
Wrentham	31	23	8	9	9	—	12	8	4	2	3	1	2	—	—	.75
Wrentham	701	463	238	193	101	92	268	183	85	158	116	42	67	52	15	.77
Total	5,015	3,298	1,717	1,610	942	668	1,536	1,010	526	960	682	278	371	278	93	.73
Per cent	100.0	100.0	100.0	32.1	28.6	38.9	30.6	30.6	30.7	19.2	20.7	16.2	7.4	8.4	5.5	.75
										.31	.42	.11	10.4	11.3	8.6	.71

NOTE: — Psychiatrist's diagnosis is given preference whenever it does not agree with I. Q. group designation.

TABLE III. — *Diagnosis of 1,424 Re-examinations by School Clinics, for the Year Ended November 30, 1931.*

INSTITUTIONS	Total		Feeble-minded 0—, 69		Borderline .70—, .79		Dull .80—, .89		Average or Normal .90—1.09		Superior 1.10+		Diagnosis Deferred		Average I. Q.	
	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.
Belchertown	158	105	68	41	55	36	31	25	4	3	1	—	—	—	.71	.72
Boston Psychopathic	18	16	1	1	5	5	8	7	4	3	1	—	—	—	.84	.83
Boston State	114	63	61	32	33	21	14	7	1	1	—	—	—	—	.84	.92
Danvers	65	45	44	28	9	8	—	—	1	1	—	—	5	2	.68	.67
Foxborough	149	111	68	43	33	26	16	15	1	1	—	—	11	8	.63	.64
Gardner	27	21	12	10	13	10	2	1	2	1	—	—	30	26	.68	.65
Grafton	40	27	13	6	22	17	5	4	—	—	—	—	—	—	.69	.68
Medfield	28	21	13	8	14	13	5	4	—	—	—	—	—	—	.71	.73
Monson	115	82	55	34	46	36	10	6	1	—	—	—	—	—	.73	.74
Northampton	208	152	139	98	30	22	16	13	3	1	—	—	8	17	.67	.68
Taunton	125	78	52	31	38	25	27	18	7	3	—	—	20	8	.65	.65
Walter E. Fernald	164	109	67	39	54	37	30	23	4	2	1	—	9	8	.72	.72
Westborough	1	—	1	—	—	—	—	—	—	—	—	—	—	—	.71	.72
Worcester	6	1	4	—	1	—	—	—	1	—	—	—	—	—	.60	.60
Wrentham	206	157	71	51	77	59	48	39	10	8	—	—	—	—	.69	1.00
Total	1,424	988	664	418	430	315	208	161	38	24	14	1	83	69	.69	.70
Per cent	100.0	100.0	46.7	42.3	30.2	31.9	14.6	16.3	2.7	2.4	3.2	.07	5.8	7.0	3.2	3.2

NOTE: — Psychiatrist's diagnosis is given preference whenever it does not agree with I. Q. group designation.

(d) *Diagnosis of Re-examinations, 1931.*

Table III records the mental diagnosis of all re-examinations, and outlines the distribution of intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases which were diagnosed under the heading of "Diagnosis Deferred" and add to this group other cases in which specific factors have suggested re-examinations.

Cases are scheduled for re-examination for several reasons. A particular child may have difficulties in special classes, or present certain retrograde mental changes. Another child may have shown marked improvement in special class work, and it may be felt that there is a possibility of his succeeding in regular grade work. Then, there are other cases which have not been assigned to special classes but have had coaching in special subjects or have presented retardation apparently not associated with any degree of mental deficiency. These doubtful and borderline cases make up a large proportion of the re-examinations.

While 10.4 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is materially smaller (5.8 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are *unwilling to make a diagnosis even after two examinations* have been made. This is mentioned simply to answer any question which may arise as to the possibility of injustice being done to any child coming up for examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are present. Of the total re-examinations of boys, 42.3 per cent were diagnosed as mentally defective (I. Q. 0-69), while 56.4 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among these re-examinations. However, in the borderline, dull and superior groups, the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .70, while that of the girls was .68.

(e) *Personnel of Clinics, 1931, by Institutions.*

In Table IV we have outlined the personnel of the various clinics as of the date November 30, 1931. At this time the Director wishes to pass on to the various members of the clinics the many words of commendation and praise that have come to him throughout the past year. The members of the clinics have done remarkable work in dealing with the many difficult problems arising, and have earned the gratitude of the communities in which they have done their work. The infinite variety of the problems coming to them have presented many trying and difficult situations. However, they have carried out their assignments in a manner which has earned the praise of the many communities which they have served. The matter of diagnosis of Mental Deficiency is an extremely delicate matter to both the child and his parents. The matter of diagnosis may easily be a turning-point in a child's life. The workers who assembled information under considerable difficulties and those who made decisions on these cases have rendered an inestimable service to these children. There is no knowing the real value of this help at the present time. Pioneers in the field of child adjustment simply must wait for future development to see the result of their work. However, we may say that clinic workers mentioned in Table IV have faced the difficult tasks in taking clinics into towns unaccustomed to outside service. They have met trying situations in a most tactful manner, and have rendered excellent service to children, to parents, to school officials, and to the community in general.

TABLE IV. — *Personnel of Traveling School Clinics, by Institution, for Year Ended November 30, 1931.*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST	SOCIAL WORKER
Belchertown. Boston Psychopathic Boston State	Herbert L. Flynn, M.D. Mary Palmer, M.D. Alberta S. Guibord, M.D.	May Buckler Viola Jones Edith B. James	Dorothy Peeso Mrs. Greeley S. Curtis Florence Armstrong and Staff Edith M. Mason
Danvers . .	Evelyn Alpern, M.D. Edgar C. Yerbury, M.D. Doris M. Sidewell, M.D. C. B. J. Schorer, M.D.	Esther Reid	
Foxborough .		Evelyn Atkinson Eleanor Culbert	Rebecca Russakoff Ruth Cabot Rebecca Glasmann
Gardner . . Grafton . .	Wm. A. Hunter, M.D. Anna C. Wellington, M.D.	M. Aurelia Boles Margaret B. Porter — Shirley	— —
Medfield . .	George Allen Troxell, M.D.	Frances Allen Reed	Mary Aimee Morris Sibyl Huntington Ward- well Lula P. Hayes
Monson . .	Lucie G. Forrer, M.D.	Teresa E. Cotter Marion K. Zerbe Maryalys S. Parker Margaret K. Chapin Charlotte Foye Mary Helen Swartzel Helen D. Pierce Pearl A. Parker Adelaide W. Proctor	— — — — — — — — — —
Northampton . Taunton . .	Harriet Wiley Whitney, M.D. Olga E. Steinecke, M.D.		Emma Lowe
Walter E. Fernald	Esther S. B. Woodward, M.D.		
Westborough .	George E. Peatick, M.D. Betsy Coffin, M.D.		Pauline F. Barry
Worcester . .	Samuel W. Hartwell, M.D. Lonnie O. Farrar, M.D. Alice M. Patterson, M. D.	David Shakow	Elizabeth Marvel
Wrentham . .		Ruth A. Prouty Beatrice N. Wolfson	—

All clinics reported to the Department the costs of the operation of the respective clinics. These costs included salaries, maintenance, expenses in the field, automobile and supplies. The average cost of each examination was found to be \$6.40.

(f) *Comparison Between Diagnosis of First Examinations and Re-examinations, 1931.*

Table V shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 32.1 per cent of the group were mentally defective, while in the re-examinations 46.7 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .73, and that for re-examinations was .69 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-examinations, 1931, by Sex.*

First Examinations.

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10+	De- ferred	Mean Intel- ligence Quotient
Male . . .	100.0	28.6	30.6	20.7	8.4	.42	11.3	.75
Female . .	100.0	38.9	30.7	16.2	5.5	.11	8.6	.71
Both sexes :	100.0	32.1	30.6	19.2	7.4	.31	10.4	.73

Re-examinations.

Male . . .	100.0	42.3	31.9	16.3	2.4	.10	7.0	.70
Female . .	100.0	56.4	26.4	10.8	3.2	—	3.2	.68
Both sexes .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69

Within both groups we see large numbers of females in the mentally defective group. Among the first examinations, the percentages feeble-minded are 28.6 for males and 38.9 for females; in the re-examinations the same relationships are

observed: 42.3 per cent for males and 56.4 per cent for females. We expect the lower grade cases to return for re-examination as they have expected difficulties in adjustment.

(g) *Diagnosis of First Examinations and Re-examinations, 1928, 1929, 1930 and 1931.*

Table VI presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928, 1929, 1930 and 1931. While it is dangerous to generalize, we note that there appears to be a decidedly higher grade of case coming up for first examination in 1929, 1930 and 1931 than in 1928. Forty-three and eight tenths per cent of first examinations were mentally defective in 1928; in 1929 this was diminished to 35.9 per cent; in 1930 it showed a slight rise to 38.7 per cent; and in 1931 there was a decrease to 32.1 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929 this was raised four points to .73, in 1930 it fell one point to .72, and in 1931 it increased to .73. While this difference in averages is not large, it must be recalled that we are dealing with fairly large numbers in these samples. An average difference of three or four points in the mean intelligence quotients is significant, as evidenced in the material differences between the two distributions.

Among the re-examinations we note a somewhat similar condition. Fifty-four and eight tenths per cent of re-examinations in 1928 were mentally defective; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent of re-examinations were mentally defective; and in 1931 there was a decrease to 46.7 per cent. The average I. Q. for 1928 was .66, for 1929, .70, for 1930, .69, and for 1931, .69. While it is difficult to judge from the results of four years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination tends to show an upward tendency.

TABLE VI. — *Diagnosis of First and Re-examinations for the Years 1928, 1929, 1930 and 1931.*

First Examinations.

	Total	Feeble-minded 0— .69	Border-line .70—.79	Dull .80—.89	Average or Normal .90—1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928 Number	4,916	2,150	1,206	769	327	16	448	
Per cent	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929 Number	4,923	1,772	1,437	722	407	34	551	
Per cent	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930 Number	5,224	2,025	1,569	799	362	23	446	
Per cent	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931 Number	5,015	1,610	1,536	960	371	16	522	
Per cent	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73

Re-examinations.

	Total	Feeble-minded 0— .69	Border-line .70—.79	Dull .80—.89	Average or Normal .90—1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928 Number	1,370	746	357	158	56	2	51	
Per cent	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929 Number	1,336	624	367	179	70	8	88	
Per cent	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930 Number	1,303	648	390	165	48	1	51	
Per cent	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931 Number	1,424	664	430	208	38	1	83	
Per cent	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69

(h) *Total Examinations, 1926-1931, by Clinic.*

Table VII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1931, inclusive. In considering this last six years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,400 examinations each year, or a total of 8,874 cases for the six years. The clinic of the Wrentham State School is second, with 4,532 examinations; the clinic of the Northampton State Hospital is third with a total of 4,457 examinations during this period; Boston State Hospital is fourth, with

2,676 cases; and Foxborough State Hospital is fifth, with 2,339 examinations. The foregoing clinics are to be particularly commended for their activities, insofar as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

In comparing the number of examinations for the two years 1930 and 1931, we notice increases for 1931 in the number of examinations done by the clinics of the Belchertown State School, Boston Psychopathic Hospital, Danvers State Hospital, Foxborough State Hospital, Gardner State Colony, Grafton State Hospital, Medfield State Hospital, Taunton State Hospital, Westborough State Hospital and Wrentham State School. The following institutions showed decreases in the number of examinations conducted during 1931 as compared with 1930: Boston State Hospital, Monson State Hospital, Northampton State Hospital, Worcester State Hospital and Walter E. Fernald State School.

TABLE VII. — *Total School Clinic Examinations Conducted for the Years 1926, 1927, 1928, 1929, 1930 and 1931, by Institution.*

INSTITUTION	1926	1927	1928	1929	1930	1931
Belchertown	—	—	251	114	474	522
Boston Psychopathic	271	121	141	130	81	126
Boston State	355	527	441	502	454	397
Danvers	162	132	176	255	338	343
Foxborough	300	431	303	485	375	445
Gardner	122	58	125	164	107	125
Grafton	66	—	343	327	240	384
Medfield	70	298	510	419	239	322
Monson	384	398	225	395	494	439
Northampton	708	876	1,000	581	769	523
Taunton	90	230	360	292	324	353
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438
Westborough	—	26	85	—	34	78
Worcester	110	402	197	300	114	37
Wrentham	603	726	637	777	882	907
Total	4,652	5,638	6,286	6,259	6,527	6,439

(j) *Total Towns Examined, 1926-1931.*

Table VIII gives the number of towns in which clinics were conducted during 1931. Between 1926 and 1931 the total number of towns in which examinations were held increased from 113 to 154. However, the year 1929 showed the largest number of towns having examinations, a total of 168. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1931 the clinics were visiting 43 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1931.

Table IX presents a summary of facts in connection with 154 towns in which first examinations were held by one of our clinics during the year 1931. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school

TABLE VIII. — *Number of Towns in which School Clinics were Conducted during 1926, 1927, 1928, 1929, 1930 and 1931.*

INSTITUTION	TOTAL TOWNS EXAMINED DURING YEAR					
	1926	1927	1928	1929	1930	1931
Belchertown	—	—	4	4	4	7
Boston Psychopathic	1	1	1	1	1	1
Boston State	2	3	2	2	2	2
Danvers	7	9	7	15	15	9
Foxborough	7	13	14	12	13	15
Gardner	11	9	12	8	13	9
Grafton	2	—	10	11	10	17
Medfield	2	5	7	7	2	7
Monson	4	4	3	4	3	6
Northampton	40	34	36	28	6	18
Taunton	4	19	15	17	15	20
Walter E. Fernald	18	25	24	24	26	24
Westborough	—	1	3	—	1	2
Worcester	5	26	7	24	15	4
Wrentham	10	13	11	11	13	13
Total	113	162	156	168	139	154

clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1931. As first examinations only are included, we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 336,361 children. Of the total of 154 cities, towns and villages having an examination, 92 were maintaining a total of 310 special classes, or one special class to approximately every 1,085 children of the total school population. Sixty-two smaller communities with a total population of 28,391 children, were not maintaining special classes. While 40 per cent of the total communities examined were not maintaining special classes, we observe that 91 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which make difficult the establishment of special classes. In column 10, we observe that the percentage of the total school population referred for retardation during 1931 for the entire group was 1.49 per cent. However, in the towns having no special classes, the percentage referred as retarded for 1931 was 2.96 per cent.

Ninety-two towns maintaining 310 special classes accommodated 4,764 children in these classes, an average of 15 children per class. Comparing this total of 4,764 children in special classes with the total school population of 336,361, we note that 1.41 per cent were in special classes during the year 1931. The 62 towns not maintaining special classes revealed a total grammar school population of 28,391 children. In these towns a total of 841 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 5,017 children were referred to the clinics for the first time during 1931 because of retardation. In other words, 1.49 per cent of the total school population were referred as retarded *during a single school year*. Dividing the 1.49 per cent of the total school population referred in accordance with diagnosis, we note that .47 per cent were diagnosed as mentally defective and 1.02 per cent as not mentally defective (retarded). This demonstrates that the ratio of retarded children to mentally defective children is almost 2:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 1.37 children grading between mental defect and the normal who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to allow the large number of high-grade cases to wander about on mental crutches in the unhappy halfway position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.49 per cent of the total school population were referred because of retardation during 1931. This figure does not measure the amount of retardation in the particular schools. We must recall that these are first examinations of a single year only, and that there is an accumulation of retardates which have been diagnosed during previous years. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total retardation is subject to an accumulation of individual years, insofar as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .47 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates. Again, we must recall that this, too, is subject to accumulation, and that the actual number of mental defectives within the school system is a figure which is much higher.

In other sections of the report we have seen that the relative proportions of retardates referred to clinics do not vary greatly from year to year. The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) are quite small in relation to the total school population. Insofar as the clinics are finding practically the same proportions of children retarded each year, it is not accurate from the statistical viewpoint to compare these numbers with the total school population. A comparison with the total number of children entering school for any one year would be a better criterion. With this thought in mind, we recorded the number of children in the first grade of all schools in which an examination was held during 1931. It is felt that the number of children actually within first grade classes throughout these towns would, in all probability, record most accurately the new children entering the schools for any one year. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 44,522 children in the first grades of schools in which 5,017 first examinations of retarded children were held during the year 1931. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1931: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic.*

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)						(8)			(9)			(10) 7+8+9 ÷ 3			(11) 7 ÷ 3			(12) 8+9 ÷ 3		
CLINIC AND TOWNS						Percent- age of School Popula- tion in Special Classes.	Number of Children in Special Classes.	Number of Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.												PER CENT OF SCHOOL, POPULATION, 1931.					
									MENTALLY DEFECTIVE.			NOT MENTALLY DEFECTIVE. (Retarded.)			DEFERRED			Referred to Clinic as Mentally Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded)						
									T.	M.	F.	T.	M.	F.	T.	M.	F.									
Belchertown Total	.	12,314	10	111	.90	107	60	47	257	180	77	—	—	—	2.95	.87	2.08									
Amherst	.	986	—	—	—	15	8	7	27	18	9	—	—	—	4.25	1.52	2.73									
Deerfield	.	621	—	—	—	19	11	8	15	10	5	—	—	—	5.47	3.06	2.41									
(South Deerfield)	.																									
Granby	.	156	1	11	7.05	1	—	1	1	1	—	—	—	—	1.28	.64	.64									
Hadley	.	729	—	—	—	9	5	4	35	28	7	—	—	—	6.03	1.23	4.80									
Pittsfield	.	7,877	6	66	.83	34	17	17	121	84	37	—	—	—	1.96	.43	1.53									
South Hadley	.	1,096	2	16	1.45	5	3	2	9	7	2	—	—	—	1.27	.85	.82									
Ware	.	849	1	18	2.12	24	16	8	49	32	17	—	—	—	8.59	2.82	5.77									
Boston Psychopathic	.																									
Total	.	4,385	2	33	.75	1	1	—	107	71	36	—	—	—	2.46	.02	2.44									
Brookline	.	4,385	2	33	.75	1	1	—	107	71	36	—	—	—	2.46	.02	2.44									
Boston State	.																									
Total	.	20,559	17	183	.89	58	34	24	218	143	75	7	7	—	1.37	.28	1.09									
Everett	.	7,537	9	83	1.10	24	17	7	109	70	39	6	6	—	1.84	.32	1.52									
Somerville	.	13,022	8	100	.76	34	17	17	109	73	36	1	1	—	1.10	.26	.84									
Danvers	.																									
Total	.	15,965	8	128	.80	92	59	33	81	52	29	105	78	27	1.74	.56	1.18									
Amesbury	.	885	1	11	1.24	7	2	5	3	1	2	6	3	3	1.80	.79	1.01									
Billerica	.	1,018	—	—	—	2	1	1	—	—	—	7	6	1	.88	—	.88									
Dracut	.	1,313	1	12	.91	2	2	2	—	—	—	3	3	—	.37	.15	.22									
Haverhill	.	5,971	3	65	1.08	30	17	13	35	25	10	24	15	9	1.49	.50	.99									
Methuen	.	3,108	1	17	.54	26	21	5	12	6	7	16	11	5	1.73	.83	.90									
Newburyport	.	1,586	—	—	—	14	6	8	10	7	3	29	22	7	3.34	.88	2.46									
North Reading	.	330	—	—	—	3	3	5	5	4	1	8	8	—	4.84	.91	3.93									
Rockport	.	459	—	—	—	6	5	1	16	9	7	4	4	—	5.66	1.30	4.36									
Swampscott	.	1,295	2	23	1.77	2	2	—	—	—	—	8	6	2	.77	.15	.62									
Foxborough	.																									
Total	.	19,293	13	177	.91	63	34	29	180	119	61	64	45	19	1.59	.33	1.26									

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1931: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic. — Continued.*

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)	(8)	(9)	(10) 7+8+9 ÷ 3	(11) 7 ÷ 3	(12) 8+9 ÷ 3				
CLINIC AND TOWNS			Number of Children in Special Classes.	Number of School Population in Special Classes.	PER CENT OF SCHOOL POPULATION, 1931.	FIRST EXAMINATIONS BY TRAVELING CLINICS.									
School Population, Grammar Grades						DIAGNOSIS				Referred to Clinic as Mentally Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded).			
						MENTALLY DEFECTIVE.		NOT MENTALLY DEFECTIVE. (Retarded.)							
						T.	M.	F.	T.				M.	F.	
Westwood (Islington)	.	281	—	—	1.17	15	9	25	15	10	—	—	14.23	5.34	8.89
Woburn	.	3,333	3	39	1.17	31	26	35	22	13	—	1	2.04	.93	1.11
Monson	.														
Total	.	16,330	21	304	1.86	78	44	176	113	63	—	16	1.98	.48	1.50
Agawam	.	1,407	2	37	2.62	10	4	33	24	9	7	4	3.55	.71	2.84
Chicopee	.	6,139	8	109	1.77	23	13	53	29	24	27	5	1.67	.37	1.30
Longmeadow	.	816	—	—	—	—	—	9	6	3	7	5	2.08	.12	1.96
Palmer	.	1,717	2	35	4.88	6	3	20	13	7	8	5	1.98	.35	1.63
Westfield	.	3,385	3	39	1.50	28	16	55	37	18	4	4	2.73	.88	1.85
West Springfield	.	3,066	6	84	2.73	10	7	6	4	2	17	14	1.07	.32	.75
Northampton	.														
Total	.	11,057	10	127	1.14	155	100	71	56	15	89	64	2.84	1.40	1.44
Blandford	.	76	—	—	—	1	1	—	—	—	—	25	1.31	1.31	—
Cheshire	.	284	—	—	—	7	6	2	1	1	—	4	5.28	2.46	2.82
East Longmeadow	.	601	1	12	1.99	9	5	4	1	1	5	2	2.49	1.49	1.00
Great Barrington (Housatonic)	.	921	1	11	1.19	12	8	4	2	2	4	3	1.95	1.30	.65
Greenfield	.	2,243	2	29	1.29	29	18	25	19	6	27	10	3.61	1.29	2.32
Hampden	.	95	—	—	—	4	4	—	—	—	—	—	4.21	4.21	—
Hancock	.	59	—	—	—	—	—	—	—	—	1	—	1.69	—	—
Huntington	.	260	—	—	—	—	—	6	6	—	2	2	3.07	3.07	1.69
Lanesboro (Berkshire)	.	196	—	—	—	8	6	3	2	1	7	5	9.18	4.08	5.11
Montague (Turners Falls).	.	1,361	2	34	2.49	27	17	21	17	4	19	16	4.92	1.98	2.94
(Millers Falls)	.														
New Marlboro.	.	148	—	—	—	13	8	5	1	—	—	—	9.45	8.78	.67
Northampton	.	2,892	1	11	.38	6	3	5	3	2	6	4	.58	.20	.38
Russell	.	234	1	7	2.99	—	—	1	1	—	2	2	1.28	—	1.28
Sheffield	.	237	—	—	—	24	12	1	2	2	5	4	13.08	10.13	2.95
Stockbridge	.	232	—	—	—	1	1	2	2	—	2	1	1.72	.86	.86
West Stockbridge	.	203	—	—	—	4	3	1	—	—	2	1	2.95	1.97	.98
Wilbraham (No. Wilbraham)	.	443	1	12	2.70	5	5	—	—	—	3	3	1.80	1.13	.67

TABLE IX.—Towns in which First Examinations of Retarded Children were held during 1931: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic. — Concluded.

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)	(8)						(9)			(10) 7 ÷ 8 + 9 ÷ 3			(12) 8 ÷ 9 ÷ 3
		School Popu- lation, Grammar Grades	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS. DIAGNOSIS						DEFERRED			Referred to Clinic as Mentally Retarded.	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)	PER CENT OF SCHOOL, POPULATION, 1931.	
						MENTALLY DEFECTIVE.		NOT MENTALLY DEFECTIVE. (Retarded.)											
						T.	M.	F.	T.	M.	F.	T.	M.	F.					
Southbridge	.	1,443	—	9	—	33	23	10	26	18	8	7	2	5	4.57	2.28	2.29		
Westborough	.	620	1	9	1.45	4	3	1	4	4	—	3	3	—	1.77	.64	1.13		
Worcester	.	2,196	5	71	3.23	9	9	—	22	14	8	—	—	—	1.41	.41	1.00		
Brookfield	.	225	—	—	—	4	4	—	6	3	3	—	—	—	4.44	1.78	2.66		
North Brookfield	.	251	—	—	—	2	2	—	7	5	2	—	—	—	3.58	.79	2.79		
Shrewsbury	.	1,317	3	48	3.64	—	—	—	6	3	3	—	—	—	.45	.45	.45		
West Boylston.	.	403	2	23	5.70	3	3	—	3	3	—	—	—	—	1.48	.74	.74		
Wrentham	.	59,420	46	579	.97	193	101	92	493	351	142	15	11	4	1.17	.32	.85		
Attleboro	.	3,333	3	47	1.41	13	8	5	48	37	11	2	2	—	1.89	.39	1.50		
Brocton	.	8,543	4	52	.60	10	6	4	57	43	14	3	3	—	.81	.11	.70		
Cambridge	.	11,732	11	106	.90	59	25	34	112	73	39	1	—	1	1.46	.50	.96		
Chelsea	.	6,806	5	72	1.05	27	14	13	71	50	21	2	—	2	1.46	.39	1.07		
Dedham	.	2,551	1	10	.39	3	2	1	18	10	8	—	—	—	.82	.12	.70		
Frammingham	.	3,853	1	13	.33	7	1	6	15	12	3	—	—	—	.57	.18	.39		
Franklin	.	1,221	1	15	1.22	6	4	2	16	15	7	—	—	—	1.14	.49	.65		
Marlboro	.	1,842	3	61	3.31	9	6	3	20	17	3	1	1	—	1.57	.49	1.08		
Milford	.	2,297	3	25	1.08	40	26	14	53	42	11	6	5	1	4.30	1.74	2.56		
North Attleboro	.	934	1	10	1.07	3	2	1	7	5	2	—	—	—	1.07	.32	.75		
Plymouth	.	1,923	2	31	1.61	5	4	1	22	17	5	—	—	—	1.40	.26	1.14		
Quincy	.	11,696	8	103	.88	10	3	7	59	36	23	—	—	—	.58	.08	.50		
Wintthrop	.	2,689	3	34	1.26	1	—	1	4	2	2	—	—	—	.18	.03	.15		
Grand Total	.	336,361 ¹	—	—	—	1,597	934	663	2,887	1,984	903	533	383	150	1.49	.47	1.02		
	.	307,970 ²	310	4,764	154	—	—	—	—	—	—	—	—	—	—	—	—		

¹Total school population of towns having an examination by one of our clinics during 1931. This total is used in calculating the percentages of columns 9, 10 and 11.

²Total school population of towns having children in special classes during 1931. This total is used in calculating the percentages of column 5.

that a total of 5,017 children were referred to all clinics because of retardation for the first time during the year 1931. This enables us to compare the numbers of new cases of retardation (5,017 children) with the number of new students entering the schools (44,522 children) for the same year. We feel that these percentages give us a much better picture of the accumulation or relative amounts of retardation actually present in our school systems. New cases of retardation discovered during 1931 are found to be 11.2 per cent of the new cases entering the public schools during this year. Turning to the diagnosis, we observe that new cases diagnosed as mentally defective are 3.5 per cent of the number entering schools for the first time during 1931. The new cases diagnosed as retarded (not mentally defective) make up 6.4 per cent of the total new students entering the schools during the year 1931.

There is nothing to be gained in discussing the differences in the numbers of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have had these examinations for a good many years. As the accumulation has been dealt with in the past, the percentages for subsequent years are substantially smaller. In other instances, the small number of retardates referred to the clinics is a matter of selection on the part of the superintendent. There are many factors entering into this situation, and it is difficult to place the true value on each particular factor.

The Division has under way at the present time an investigation of the placement of children in certain grades, and is comparing this with the mental ages of the children. The results are unusual and suggest that mental age has little relationship to the grade placement of the child. In some schools we are viewing the placement of children of low mental grade in advanced classes in which they have little chance of success. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

In comparing 1930 with 1931, we observe a decrease in the proportion of children in special classes. In 1930, 1.56 per cent of the school population involved were in special classes, while this figure is 1.54 per cent for 1931. One and fifty-eight hundredths per cent of the total school population of the towns involved were referred to the clinics because of retardation in 1930. In 1931, this figure had decreased to 1.49 per cent. We note changes in the percentages diagnosed as mentally defective and not mentally defective. In 1930, .61 per cent of the school population were diagnosed as mentally defective. In 1931, this had decreased to .47 per cent. In 1930, .97 per cent of the school population were diagnosed as not mentally defective (retarded). In 1931, this had increased to 1.02 per cent.

The above figures show the importance of retardation as a problem in our public schools. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education, and must be carefully considered in organizing a curriculum suited to the varying grades of intelligence in public school children. However, we should recall that these figures are minimum. They record, in the main, children in school who have been selected by various school superintendents as three or more years retarded. The selection is not based on an actual age-grade criterion. We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 92 towns have provided a total of 310 special classes caring for 4,764 children. Referring to Table I, "Total Examinations During 1931," we note that a total of 3,411 children were recommended for special classes during 1931. That is, the school rooms now devoted to special classes would be able to take care of the new cases recommended for special class care in 1931 if in some magic way they could be emptied of their present occupants. We see the urgent need of practically

doubling the number of special classes now available.

Not only the field of education should be actively concerned in the handling of this impressive problem, but others as well. It is a problem for the public to seriously consider from the standpoint of the common good. Turning from the field of education, for the moment, to that of biology and sociology, we may discuss the part to be played by these children as parents of future generations. We may also wonder at the future problems of adjustment and possible public support which will follow inevitably if these retarded children are not dealt with sympathetically, and given an understanding training in a manner calculated to develop their potentialities in both the intellectual and social spheres.

III. RESEARCH IN MENTAL DEFICIENCY.

In October, 1926, the Division inaugurated a research project in mental deficiency based on the large number of school clinic examinations which had accumulated. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system recently established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division.

The Director of the Division presented a paper before the Mental Hygiene Section of the New England Health Institute held at Portland, Maine, April 20-23, 1931. This paper was entitled "The Walter E. Fernald Plan for the Examination of Retarded School Children." Another publication entitled "Mortality in Mental Deficiency Over a Fourteen-Year Period: Analysis of 8,976 Cases and 878 Deaths in Massachusetts" was read before the annual meeting of the American Association for the Study of Mental Deficiency, held in New York City May 25-28, 1931.

IV. PUBLICATIONS.

The following articles were published during the year 1931 by the Division:

DAYTON, N. A.: The Necessity for Central Registration of Mental Defectives. *Mental Hygiene*, Vol. XV, No. 2: April, 1931.

DAYTON, N. A.: Mortality in Mental Deficiency Over a Fourteen-Year Period: Analysis of 8,976 Cases and 878 Deaths in Massachusetts. *Proceedings of the Amer. Assn. for the Study of Mental Deficiency*, 1931.

V. SOCIAL SERVICE.

Community Supervision.

There are two social workers engaged in the community supervision of mental defectives. Social agencies, public and private, and individuals may refer cases for supervision. All cases are investigated and may be committed to the Department of Mental Diseases upon approval of the Director. Cases may be referred for supervision without commitment to the Department, and such cases are called voluntary cases. The latter form the bulk of cases taken on by the Department for community supervision.

Cases committed to the Department are, in general, such cases as are felt to be good community risks, to have shown no anti-social traits and where it is felt that further supervision by the Department is needed for their safeguarding and well-being. Many of these cases are nearing twenty-one years of age, are feeble-minded, and are about to be released by the Department of Public Welfare, in whose care they have been for various reasons. Often these girls have no responsible person to care for them following their release from Public Welfare, and this forms one of the reasons for commitment to this Department.

It is felt by the social workers that it is for the best interests of these cases that they be prepared at least six months in advance of the impending commitment to the Department of Mental Diseases, as it has been found that it is a shock for them to learn that further control is deemed necessary when they have possibly looked forward to being free of all restraint at twenty-one years.

Voluntary cases are those cases which can be helped without being committed to the Department and where no legal responsibility ensues. Many such cases are referred by agencies who desire the help and advice which the Division affords. In many such cases, parents object to commitment but welcome supervision. Voluntary cases quite often consume as much if not more of the visitor's time and effort than the committed cases.

Most of the committed cases consist of young women who are placed as domestics in carefully selected wage homes. The work in this connection consists of guidance and direction in the matters of maid-employer adjustments, arranging for suitable and safe recreation, and establishing some understanding of the problem the particular girl presents. Indeed, as in all case work, the individual has to be studied as a separate, distinct entity. The employer is trained to gain some insight into the field of the mentally handicapped.

Tapping the resources of the community to include the mentally deficient who are socially adaptable, and undermining old prejudices and fears of employers toward them, form but a small part of the duties of the social worker with the mentally deficient.

The objectives for both committed and voluntary cases are making available adequate opportunities for health, industry and recreation. Ways and means are worked out under local conditions. The Division is steadily working toward a more comprehensive organization for community supervision which will furnish to the mentally deficient necessary understanding and general social direction. The work has been greatly handicapped by the lack of funds, necessitating the rejection of many worthy cases which should be supervised.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately, the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances, it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a State-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives in the resident population. It seems advisable that we plan for a State-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and

his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes, or in State schools, will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table IX we observed that .47 per cent of our school population were diagnosed as mentally defective *during a single year*. This figure does not report all of the mental defectives within these school systems, but simply those examined during 1931. As the grammar curriculum provides either eight or nine grades, the possibilities for accumulation are obvious. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1931 were 3.5 per cent of the children entering school for the first time. If, of all public school children, one child in twenty-two is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary training, we enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented. In others they will diminish in exact proportion to the length of the training and supervision which are provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happy for the future of civilization, this is not the case. If this linkage were a reality, we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to properly train the older mental defective. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small

chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age; and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

Table X summarizes the activities of the Divisional Social Service for the year 1931. On December 1, 1930, a total of 228 cases were under supervision. Eighty-three were referred during the year, making a total of 311 cases handled during 1931. One hundred forty-one cases were closed for various reasons during the year, leaving a total of 170 cases under care on November 30, 1931. Of this total, 16 were cases which have been committed to the Department for community supervision, 151 were being supervised under voluntary status, and 3 were pending, the data not being complete. The social workers made a total of 1,238 visits during the year.

TABLE X. — *Statistical Survey of Cases — Division of Mental Deficiency. Social Service — Year Ended November 30, 1931.*

I	
Status — December 1, 1930	
Committed cases	12 ¹
Voluntary cases	138
Pending cases	78
	<hr/> 228
Cases Referred during year:	
Referred by public agencies	57
Referred by private agencies	7
Referred by D. M. D.	12
Referred by individuals	2
Committed to D. M. D.	4
Reopened from previous years	1
	<hr/> 83
	<hr/> 311
II	
Cases Closed during year:	
Cases adjusted in homes; supervision no longer required	33
Cases committed to institutions	12
Cases of epilepsy	2
Cases in care of public agencies	78
Cases in care of private agencies	11
Lack of sufficient information	5
	<hr/> 141
III	
Service Rendered:	
Placement:	
Home	13
Industry	9
Recreation	51
Investigations	22
Histories	22
Histories for Department	9
IV	
Status — November 30, 1931	
Committed cases	16
Voluntary cases	151
Pending cases	3
	<hr/> 170
V	
Summary of Visits — Two workers	1,238

¹Error in previous report in total of committed cases — 7.

VI. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1931.

During the year 1929, the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent.

They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced for the first of any calendar month. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On July 1, 1931, a total of 3,195 cases were on the waiting lists of the three States schools. Of these, 53.8 per cent were females and 46.2 per cent were males.

It was found that a social agency of some type was the source of application for admission in 41 per cent of the male and 52 per cent of the female cases; the parents were the source of application in 26 per cent of the male and 19 per cent of the female cases; the officials of a town or county in 10 per cent of the male and 10 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 5 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that mental defect in the child was the cause of application in 41 per cent for both sexes together. Conduct was the primary reason in 23 per cent for both sexes. The home situation was given as the cause in 10 per cent for both sexes. Marked physical defect plus retardation is given as the cause in 3.2 per cent of the males and 3.3 per cent of the females. Sex difficulties were the source of application in .6 per cent of the male and 4.9 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting lists, we observe that 14 per cent of the males had intelligence quotients between .0 and .29, while 11 per cent of the females fell in this group. In the intelligence quotient groups .30-.49, we find 29 per cent of males and 25 per cent of females. In the moron group, with intelligence quotients between .50 and .69, we observe that the females present 50 per cent as against 42 per cent for the males. In the I. Q. groups above .70 we observe 14 per cent of males and 12 per cent of females.

Comparing the males with the females, we note that the males on the waiting lists distribute themselves more evenly throughout the various I. Q. groups. The females tend to group themselves in the moron classification, presenting 50 per cent in these groupings. The males on the waiting lists exceeded the females in the idiot group, the imbecile group and the not mentally defective group. The females showed a much higher percentage than the males among the morons.

With regard to the ages of applicants on the waiting lists, 64 per cent of the males were under 15 years of age, while but 41 per cent of the females fell in this group. Twenty-one per cent of both sexes fell in the age group 15-19 years. But 15 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 36 per cent of the females. Fifty-nine cases on the list were 40 years of age or over. These cases make up .4 per cent of the males and 3.1 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins, congenital syphilitics, hydrocephalics and epileptics. The females are in larger proportions in the mongols and the spastics. The differences between the sexes in these groups are not large, however.

Of the cases not falling in these clinical groups, the males predominate among the idiots (males 9 per cent, females 8 per cent) and the group not mentally defective. Among the imbeciles, however, the females present a slightly higher proportion (males 18.4 per cent, females 18.8 per cent). The males predominate among the morons (12.6 per cent of males and 11.8 per cent of females).

A study was also made of the source of application by county of residence, and compared with the population of these counties in 1930. The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 328 applicants. Suffolk was second with 97; Franklin third with 94; Dukes fourth with 80; and Middlesex fifth with 71. Nantucket, Bristol,

Hampden, Berkshire and Norfolk presented the lowest rates, with 27, 40, 45, 46 and 47 persons on the application list per 100,000 of the population of each county respectively.

The total of 3,195 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional State school to care for these mentally deficient individuals. New applications are accumulating at the rate of about 500 per year. This figure *excludes* the 300 cases admitted to State schools each year.

VII. RECOMMENDATIONS.

For several years the Director has been advising the extension of the school clinic activities to include cases other than those three years retarded. It is gratifying to note that the Legislature of 1931 amended the school clinic law so that children presenting lesser degrees of retardation may be examined as well. This should be of very considerable help to school officials in getting expert advice on their various conduct and behavior problems. Our clinics now have the prerogatives of a habit clinic and an adjustment clinic as well added to their present activities. This should mean that the clinics from now on can present psychiatric service on child problems unhampered by being restricted to dealing with certain types of cases.

It is most gratifying to notice a second resolve passed by the Legislature authorizing an investigation to study the feasibility of supervising (1) children in special classes and (2) children leaving special classes up to the age of 21 years. This resolve, Chapter 34 of the Acts of 1931, is incorporated in full on page 55 of this report. The findings of the proposed investigation can become the foundation for future discussions in this particular field.

The Director feels that adequate social service should be available for certain selected cases following the school period, as such a service would prevent many social casualties among mental defectives. It is possible that this result may be attained through the extension of the supervision afforded by the local school system. That is, it may be advisable to extend the work of our visiting teachers, school nurses, etc., to render possible the supervision of children leaving special classes. Another suggestion is that social workers operating through the Division of Mental Deficiency could be of assistance in this particular matter. Whatever the method, it becomes more evident each year that the mental defective is having more and more difficulty in adjusting in the community, and that serious effort must be made to aid him in this adjustment.

It is also suggested that sufficient funds be made available to the Division for the purpose of maintaining those individuals who are committed directly to the Division of Mental Deficiency for community supervision. At the present time the community supervision is greatly handicapped as it is forced to select individuals who are self-supporting. This narrows the purpose of the Division work to a serious degree. Very few mental defectives can work so steadily that they will never require temporary assistance over a period of economic stress. There are certain borderline cases who need only a little financial assistance from time to time to enable them to remain in the community. When these individuals become dependent, commitment to an institution is frequently attempted. A broad understanding of the needs of the many thousands of mental defectives in our communities who are partially self-supporting will indicate that temporary financial assistance should be available to tide these individuals over in time of financial stress. In this way many men remain in the community who otherwise would require admission to one of our State schools. The scope of the work of the Division would be widened and its usefulness markedly increased if the sum of \$5,000 were made available each year to enable the Division to support the above type of case at least temporarily.

At present there is a great need for research in mental deficiency. We have already mentioned the research project based upon 57,000 examinations of retarded children in the public schools. From time to time the Division publishes data from the analysis of these figures. This material is extremely valuable, and the Director suggests the employment of an additional worker to assist in this activity.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 3,195 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his constant encouragement and unfailing support throughout the year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION.

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1931, as follows:

Visits to the Hospitals	161
Histories taken at the Hospitals	4,582
Visits to relatives of patients and others for investigation:	
By outside visits	5,749
By office calls	1,147
By telephone	1,666
Total investigations	8,562
Cases submitted for deportation to the U. S. Commissioner of Immigration	29
Cases submitted for deportation by the Department	135

Support cases, not including Ex-Service men of the World War.

Cases pending November 30, 1930	567
New cases	3,356
	3,923
Made Reimbursing	1,205
Accepted as State Charges	2,108
Pending November 30, 1931	610
	3,923

Reimbursing Cases.

Cases remaining in Hospitals November 30, 1930	2,498
New Cases	1,245
	3,743
Died	396
Discharged or on visit November 30, 1931	510
Dropped — accepted as State Charges	218
Transferred to other Institutions	160
Accepted by Veterans' Administration	4
Remaining in Hospitals November 30, 1931	2,455
	3,743

Cases of Ex-Service men of the World War considered by the Veterans' Administration for Support between November 30, 1930 and November 30, 1931.

Cases remaining November 30, 1930, in Hospitals	14
Returned from visit	0
New cases	71
Re-opened cases	28
	113
Died	2
Discharged or on visit	68
Transferred to other State Institutions	18
Rejected	3
Made reimbursing	0
Remaining in hospitals November 30, 1931	22
	113
Ex-service men actually in the Hospitals November 30, 1931	363
Cases chargeable to Veterans' Administration	14
Cases not yet chargeable (rejected or pending)	349
	363

Attorney-General Cases.

Cases pending in the Office of the Attorney-General, November 30, 1930	72
Reported during the year	24
	96
Cases closed during the year	26
Cases pending November 30, 1931	70
	96

The system of Work Reports has been continued and the following report gives a further summary of the work of the Investigators and the clerical force.

There were 542 investigations made at various Probate Courts. In addition to their outside work the staff of Investigators spent 5,195 hours in the office in preparation for such work, in interviewing callers, and in reporting the results of their investigations.

Two thousand four hundred thirty-nine letters were written concerning the general work of the Division and 1,555 letters concerning ex-service men and Veterans' Administration matters. Five hundred forty-three clinical abstracts and 839 stencil forms were transmitted to the Veterans' Administration. Six thousand four hundred thirty-eight documents relating to Probate matters were handled. Five thousand three hundred thirty-three history slips were prepared for the use of the Investigators and, including transfer records, a total of 6,978 histories were written.

Over 25,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to \$35,131.00 were rendered to the Veterans' Administration during the year.

Receipts for Support of Reimbursing Patients.

HOSPITAL	Year ending Nov. 30, 1930	Year ending Nov. 30, 1931	Total since Jan. 1, 1904
Psychopathic Hospital	\$1,464.58	\$2,125.63	\$35,669.49
Boston State Hospital	103,671.25	103,999.30	1,205,666.99
Danvers State Hospital	144,108.29	129,317.55	1,594,745.10
Foxborough State Hospital	57,817.88	57,216.26	420,015.04
Gardner State Colony	40,287.11	33,140.77	254,820.81
Grafton State Hospital	25,028.29	15,868.50	336,278.80
Medfield State Hospital	39,558.62	36,374.26	552,453.45
Metropolitan State Hospital	—	28,869.32	28,869.32
Northampton State Hospital	113,702.15	118,966.20	1,142,740.79
Taunton State Hospital	76,457.94	69,545.11	903,469.69
Westborough State Hospital	165,882.20	158,538.85	1,495,156.83
Worcester State Hospital	103,502.14	94,055.30	1,232,506.88
Monson State Hospital	23,378.02	22,728.15	280,142.24
Belchertown State School	7,408.65	6,550.02	41,202.98
Fernald State School	23,714.83	17,778.88	220,902.94
Wrentham State School	13,430.02	13,175.55	92,250.47
State Infirmary	4,981.94	6,401.45	75,563.38
Bridgewater	2,817.57	2,942.57	88,449.34
Hospital Cottages	123.30	—	1,970.50
Family Care	168.25	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$947,503.03	\$917,593.67	\$10,024,514.02

Yearly Totals from January 1, 1904.

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)	917,593.67

\$10,024,514.02

Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1931.

INSTITUTIONS.	Daily Average Number		Average Weekly Per Capita Rate	Number October 1, 1931		United States Deportation Cases		Soldier Cases	
						Daily Average Number	Average Weekly Per Capita	Daily Average Number	Average Weekly Per Capita
	M.	F.		M.	F.	M.	F.	M.	F.
Psychopathic	.03	.04	23.36	—	—	.27	.44	.31	.14
Boston	100.41	193.17	6.84	80	173	—	—	1.52	.92
Danvers	117.44	238.03	7.42	119	260	—	—	2.14	—
Foxborough	60.24	87.22	6.81	42	108	—	—	3.58	.67
Gardner	32.44	73.37	7.84	27	55	—	—	—	—
Grafton	27.70	27.58	7.58	22	29	—	—	—	—
Medfield	25.31	62.33	7.30	28	65	.26	—	.53	—
Metropolitan	13.80	17.52	7.52	41	78	—	—	.23	—
Northampton	107.48	196.26	7.06	91	216	—	—	3.09	—
Taunton	55.08	115.19	7.63	61	117	—	—	.75	—
Westborough	99.69	309.94	7.61	91	271	—	—	2.85	—
Worcester	89.75	139.81	7.91	89	147	—	—	1.59	—
Monson Sane	23.05	39.52	6.29	26	51	—	—	—	—
Insane	2.40	2.43	1	1	1	—	—	.88	—
Belchertown	10.07	13.91	5.48	17	17	—	—	—	—
Walter E. Fernald	30.66	30.38	6.12	48	42	—	—	—	—
Wrentham	24.06	17.74	6.11	37	31	—	—	—	—
Infirmity	1.27	17.83	5.87	1	17	—	—	.82	—
Bridgewater	2.65	—	1.65	3	—	—	—	3.10	—
Hospital Cottages	.11	—	3.06	—	—	—	—	—	—
Family Care	—	.16	2.69	1	1	—	—	—	—
	823.11	1,586.34	7.33	825	1,679	.53	.44	21.39	1.73
						35.00		14.00	

This report shows that the total collections on account of reimbursements for support of patients were \$917,825.91. Of this amount \$19,048 was received for the support of ex-service men of the World War, leaving a balance of \$898,777.91 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$36.07.

I am also submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1930, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$10,024,768.32.

The receipts for the year ending November 30, 1931, as compared with the year ending November 30, 1930 show a decrease of only 3%.

This Division has an active reimbursing list of approximately 2,500, the maximum rate in any case being \$10 per week and the minimum rate being \$1 per week.

Investigations by this Division have resulted in the deportation to other states and countries of 138 patients during the year ending November 30, 1931. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10 per week, this would seem to have effected a saving to the Commonwealth of about \$717,600.

Respectfully submitted,

PAUL A. GREEN, *Chief Examiner.*

ACKNOWLEDGEMENT.

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the additional appropriation made available for the continuance of our research project in the epidemiology of mental diseases and mental defect. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date, our research project was further extended by the foundation for a three-year period to end July 1, 1934.

GEORGE M. KLINE,

Commissioner

REPORT OF THE DIVISION OF STATISTICAL RESEARCH.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1931, is respectfully submitted.

The statistical research study of cases in our State hospitals and schools was initiated in November, 1926, and put into actual operation on March 22, 1927. In starting this work, a group of eight workers was placed in the field to code certain data from our State hospital records, and to install a new statistical system in all institutions supervised by the Department. An arbitrary date, that of September 30, 1926, was selected for the initiation of the system as it enabled us to summarize the situation at the end of a statistical year. The work of the survey group was to code all cases on the books of each institution on September 30, 1926, and all admissions and discharges between that date and May 22, 1927.

In the past, deficiencies in statistics on mental diseases have been due to the fact that no data on the resident population of institutions has been available. Thus, one of the first duties assumed was the coding of material on all cases on the books of mental hospitals. A special course was held at one of the institutions to instruct the statistical clerks from each hospital in the new system. Beginning with May 22, 1927, the regular work of coding cases on all new admissions and discharges was taken over by the clerks at their respective institutions.

By April 1, 1928, the installation of the statistical system was completed. During the thirteen months' period which it had taken to finish the entire work, approximately 28,000 cases were coded on the resident population and on discharges. This coding not only comprised the recording of data on the statistical card, which gives a complete general summary of each patient, but included also a special card (No. 1) for recording the time spent out of the institution by each patient on visit, escape, parole or family care. In addition, a change of diagnosis card was made out whenever a new determined diagnosis was given to a patient. Thus, the 28,000 coded cases were represented by a total of approximately 45,000 cards. Owing to the frequent psychologic examinations of patients at the schools for the mentally defective, change of diagnosis cards were much more numerous than at the mental hospitals, sometimes as many as ten changes of intelligence quotient being recorded on a single case. These cards afford valuable material on changes in I. Q. at various ages of mentally defective children.

We have now at the Department a Powers punch card on file representing the latest status of every patient in every Department institution and, in addition, all patients at the McLean Hospital, the Mental Wards at Tewksbury, Bridgewater, and the two U. S. Veterans' Hospitals, No. 95 and No. 107, Northampton and Bedford, all of which are supervised by the Department. We have likewise on file punch cards recording statistical data on every patient discharged since September 30, 1926. These cards may be used whenever special questions come up for solution, and are a ready source of information for data on resident or discharged cases.

RESEARCH PROJECT.

The results of the above statistical survey and the availability of the data which it represented were so striking that the Commissioner, Dr. George M. Kline, applied to the Laura Spelman Rockefeller Fund for financial assistance in continuing the work to apply to the discharges at each of the State hospitals and schools over the ten-year period 1916-1926.

Through the generosity of this Fund the continuance of the work was made possible. A three-year program was established for the coding of the material and for the study of the data upon its completion. The first grant was allowed in July, 1928, and on August 1, 1928, research group No. 1, consisting of eight workers, was placed at the Boston State Hospital to commence the coding on the ten-year discharges. A second group, consisting of four workers, was organized in September, 1928. This was increased to eight workers on November 13, 1928. A third group was placed in the field July 17, 1929.

By the end of the statistical year, November 30, 1930, a grand total of 64,898 cases and 86,206 cards had been coded by the survey groups. These comprised

statistical cards on the ten-year discharges at each of the fifteen institutions directly under the Department (and the McLean Hospital).

The cases and cards on file within the Department outline themselves as follows:

	<i>Cases</i>	<i>Cards</i>
Ten-year discharges:		
Mental Diseases	59,398	74,781
Mental Deficiency	3,585	8,341
Epilepsy	1,915	3,084
	<hr/> 64,898	<hr/> 86,206
Cases discharged 1927-1931:		
Mental Diseases and Epilepsy	30,831	
Mental Deficiency	1,259	
	<hr/> 32,090	
Cases on Books, 1931:		
Mental Diseases and Epilepsy	23,946	
Mental Deficiency	4,815	
	<hr/> 28,761	
Total:		
Mental Diseases and Epilepsy	116,090	
Mental Deficiency	9,659	
	<hr/> 125,749	
Total	125,749	

From the above it will be observed that at the present time we have a total of 125,749 cases which include approximately 220,000 statistical cards within our Department files. These cover data on the resident populations of each of our State institutions (representing approximately 28,000 cases alone), and data on all discharges and deaths at each institution from 1916 to the present time.

On July 1 of the statistical year 1931, our first research project ended. By that date the entire work of coding the above statistical cards had been completed. The final checking up of all details of the field work, all checking with departmental records, and all filing of the cards had likewise been accomplished. In addition, duplicate and punched copies of each of the original cards had been made and filed within the Department.

Through the generosity of the Rockefeller Fund, an additional appropriation was made available for the continuance of our research project for the three-year period July, 1931 to July, 1934. During this period further study and analyses will be made of the information now recorded on our statistical cards. Plans have already been outlined and work commenced on a study of the multiple admissions of patients to schools for the mentally defective over the period 1916 to 1930, inclusive. In addition, a study is being made of the changes in intelligence quotient of the above patients during their school residence.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times. The members of the Committee are as follows:

Dr. C. Macfie Campbell, Professor of Psychiatry, Harvard University.

Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene.

Dr. George M. Kline, Commissioner, Massachusetts Department of Mental Diseases.

Dr. James V. May, Superintendent, Boston State Hospital, and Chairman of Committee on Statistics, American Psychiatric Association.

Dr. Edwin B. Wilson, Professor of Vital Statistics, Harvard School of Public Health.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS.

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1931, is respectfully submitted.

The State Board of Insanity of Massachusetts was first created by an Act of the Legislature of 1898. This Board was provided with supervisory and advisory powers over all public and private institutions and homes caring for the insane, and over the feeble-minded, the epileptic and inebriate. Previously, these powers had been vested in the State Board of Lunacy and Charity. The new Board superseded the latter, however, and was given broader and more extensive powers.

The State Board of Insanity was composed of five members who received remuneration from the State for their services, and an executive head who received compensation. Its functions were as follows: To supervise the twenty-nine State, municipal, and private institutions for the insane, feeble-minded, epileptic, dipsomaniac and inebriate which existed in 1899; to supervise insane patients under care in private families; to supervise the insane and feeble-minded in city and town almshouses, and those in private families in care of the Overseers of the Poor; and, finally, to supervise all matters relating to the transportation of patients within and without the State.

The trustees and officers of the various institutions supervised by the Board were, in most particulars, legally responsible for the administration of the institutions and for the care of the patients therein. The Board was of valuable assistance, however, in improving and standardizing many of the practices at the individual hospitals.

A census made on October 1, 1899, showed that 9,739 persons were under the supervision of the Board. Of these, 8,282 persons were classified as insane, 1,091 as feeble-minded, and the remainder as epileptic and inebriate. Although the majority of these patients were being cared for in State institutions, their financial support was divided between cities, towns, private individuals, and the State.

In 1904, the question of financial support for the dependent insane was definitely settled when the State took over the entire support of these persons. Patients were transferred from almshouses and private homes as fast as new facilities could be provided. By 1908, when the Boston Insane Hospital (now the Boston State Hospital) became a part of the State Hospital system, no insane patients were cared for in almshouses. A small number were being cared for in private families, but these were given very careful supervision.

The same policy of State support was also gradually applied to the feeble-minded, the epileptic, and the inebriates who were dependent upon public support, although a considerable number of these classes are still cared for in almshouses.

With the passing years, the supervisory powers of the State Board of Insanity were extended, while those of the trustees of the institutions were limited. In addition, mandatory powers were vested in the Board. These extended not only to public institutions, but to private hospitals as well. In 1914, the unpaid Board of five members with an executive head was replaced by a paid Board of three members, in accordance with Chapter 762 of the Acts of 1914.

On August 1, 1916, the State Board of Insanity was abolished and in its place the Massachusetts Commission on Mental Diseases, with a Director as its executive head, was established in accordance with Chapter 285 of the General Acts of 1916. New powers were added to those already vested in the Board which the Commission now superseded.

In accordance with Chapter 350 of the General Acts of 1919, which provided for the reorganization of State Departments, the Commission became the Department of Mental Diseases on December 1, 1919, with the executive head designated as "Commissioner". No new powers were given the Department.

The State Hospital system has continued to keep pace with current developments that are of interest to social psychiatry. Social work throughout the State was given added impetus and its scope extended by the Commission and the Department. Two new Divisions were established in 1922: (1) The Division of Mental Hygiene, and (2) the Division of Mental Deficiency. Later, in 1924,

the Division for the Psychiatric Examination of Prisoners was established under the Department.

At the present time the Department has under its direct management twelve State hospitals (including the Boston Psychopathic Hospital), three State schools for the feeble-minded, and one State hospital for epileptics (Monson). One new hospital was added to the State system during the last statistical year, the Metropolitan State Hospital, the building of which was authorized by the Legislature in 1927. In addition to the above, the Department supervises patients in two other State institutions which are not directly under its jurisdiction. These are (1) the mental wards, Tewksbury State Infirmity, and (2) the Bridgewater State Hospital, which cares for the criminal insane. The Department also supervises all insane, feeble-minded, inebriate persons, and drug addicts in the care of private hospitals and homes. The Veterans' Bureau Hospitals for the insane in Massachusetts come under the supervision of the Department. These are the Veterans' Hospital No. 95 at Northampton, and the Veterans' Hospital No. 107 at Bedford.

Much of the administrative procedure in the public institutions has been standardized by the Department. It has created safeguards to patients through legislation, particularly with regard to uniform and enlightened methods of admission and of treatment. Through its licensing power, it has also provided supervision over private hospitals and private homes.

The Department, as well as the preceding Commission and Board, has always been responsible for the collection and compilation of statistics relating to the insane, feeble-minded, epileptic and inebriate persons and drug addicts cared for in public and private institutions or homes throughout the State.

The Statistical Division of the Department was reorganized in 1926. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected, and the scope of information and data on our patient population, both insane and feeble-minded, was tremendously increased. This system was likewise installed at Bridgewater, mental wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus, we have a total of twenty-one institutions coming under the Department system. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient, and at the end of the year a set of eighteen tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution, and the machine equipment at the central office is made use of to relieve institutions of these duties.

In the past we adhered rather closely to the set-up of the National Committee tables which dealt only with first admissions, readmissions, discharges and deaths of regularly committed cases. Insofar as regularly committed cases made up only about fifty per cent of our total admissions, we were receiving a very incomplete picture of the actual statistics on all types of admissions and discharges. The 1928 report of the Department of Mental Diseases was the first to make use of the new statistical system, and it presented radical changes from the old set-up.

The 1931 report of the Department is the fourth making use of the new statistical system. It contains tables of first admissions on all forms; that is, admissions on regular court commitment, admissions for temporary care, on observation, on voluntary status, and transfers. It likewise contains complete data in reference to all discharges and deaths at the various State hospitals during the year. In addition, there is a section analyzing the status of our resident population at the end of the statistical year.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the report. These tables discuss various aspects in connection with admissions, discharges, deaths and the resident population of the three State schools.

Respectfully,

NEIL A. DAYTON, *Director.*

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- I. Departmental Statistics, Tables A to J.
- II. Statistical Review; Subjects of Text Discussion.
 - A. General Discussion of All Classes Under Care.
 - B. All Admissions to Mental Hospitals During 1931.
 - C. All Discharges from Mental Hospitals During 1931.
 - D. Deaths in Mental Hospitals During 1931.
 - E. Resident Population of Mental Hospitals on September 30, 1931.
 - F. General Discussion of All Classes Under Care in State Schools.
 - G. Admissions to State Schools for the Mentally Deficient During 1931.
 - H. All Discharges from State Schools for the Mentally Deficient During 1931.
 - J. All Deaths Occurring in State Schools for the Mentally Deficient During 1931.
 - K. All Patients in Residence in State Schools on September 30, 1931.
- III. Graphs.
 - Departmental Statistics — Graphs A to C.
 - Mental Diseases — Graphs 1 to 8 inclusive.
 - Mental Deficiency — Graphs 9 to 15 inclusive.

DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ending November 30, 1931 — by Institution.

INSTITUTIONS	Year of Opening	Number Patients Under Care Nov. 30	Total Admissions. ¹	ACREAGE			Land. ⁴	VALUATION (See Notes)					Industrial.	Total.	
				Total Acres.	Buildings Sites and Grounds Acres.	Under Cultivation, Acres.		Buildings and Betterments. ⁵	Personal Property. ⁶	Farm and Garden Products.					
<i>Hospitals for Mental Diseases:</i>															
Boston Psychopathic	1912	90	1,914	2.00	2.00	—	\$59,300.00	\$541,944.28	\$54,811.74	—	\$610.00	\$656,666.02			
Boston State	1839 ²	2,056	706	236.517	101.667	134.85	709,508.00	2,887,197.94	367,827.53	\$15,922.11	19,050.47	3,999,506.05			
Danvers	1878	2,057	860	517.68	248.18	269.50	99,112.00	2,802,613.12	291,865.78	105,882.61	27,554.89	3,327,028.40			
Foxborough	1893	1,057	241	352.40	268.90	83.50	35,400.00	1,909,005.29	302,655.39	40,047.54	20,812.03	2,307,920.25			
Gardner	1902	1,226	199	1,856.00	1,533.75	322.25	41,125.00	1,360,177.54	375,664.28	92,667.97	41,018.09	1,902,252.88			
Grafton	1915 ³	1,423	93	1,087.90	821.65	266.25	37,600.00	1,424,154.26	267,523.55	84,267.29	18,592.47	1,840,537.57			
Medford	1896	1,765	287	670.83	431.83	239.00	54,330.00	1,638,643.49	328,727.75	83,204.81	29,149.00	2,134,053.05			
Metropolitan	1930	1,145	1,183	378.35	347.35	31.00	68,922.00	3,688,718.32	329,969.40	9,369.35	—	4,096,979.07			
Northampton	1858	1,625	519	492.20	300.20	192.00	169,865.00	1,887,502.65	197,021.07	71,558.21	10,362.35	2,336,309.28			
Taunton	1854	1,546	561	456.88	298.11	158.77	63,000.00	1,147,569.35	255,526.00	68,787.33	24,326.00	1,559,208.68			
Westborough	1886	1,364	477	763.93	447.78	316.15	68,770.00	1,170,959.14	335,508.03	63,580.37	19,115.91	1,657,933.45			
Worcester	1833	2,199	786	589.16	414.16	175.00	467,130.00	2,143,727.23	461,605.17	85,723.48	28,734.30	3,186,920.18			
Monson (epileptic)	1898	1,346	228	661.79	539.29	122.50	17,645.00	1,191,033.47	340,354.07	53,344.51	15,210.81	1,617,587.86			
Total		18,899	8,054	8,065.637	5,754.867	2,310.77	\$1,891,707.00	23,793,246.08	\$3,909,059.76	\$774,353.58	\$254,536.32	\$30,622,902.74			
<i>Schools for Mental Defectives:</i>															
Belchertown	1922	1,191	218	774.10	632.10	142.00	\$32,302.25	\$2,472,286.40	\$306,638.95	\$75,754.18	\$3,250.00	\$2,890,231.78			
Walter E. Fernald	1848	1,690	171	2,051.69	1,745.69	306.00	150,261.00	1,553,826.90	353,851.43	90,676.19	28,884.52	2,177,500.04			
Wrentham	1907	1,605	88	590.00	419.00	171.00	31,362.00	1,533,562.78	349,587.67	72,627.12	20,612.67	2,007,752.24			
Total		4,486	477	3,415.79	2,796.79	619.00	\$213,925.25	\$5,559,676.08	\$1,010,078.05	\$239,057.49	\$52,747.19	\$7,075,484.06			
Grand Total		23,385	8,531	11,481.427	8,551.657	2,929.77	\$2,105,632.25	\$29,352,922.16	\$4,919,137.81	\$1,013,411.07	\$307,283.51	\$37,698,386.80			

¹Valuation as per Sec. 13 to 17, Chapter 58, General Laws.²Valuation by Committee of Comptroller and Representatives of Institutional Departments.³Valuation as per Regulations of Department of Mental Diseases.¹During Statistical Year Ending September 30, 1931.²Taken over by State in 1908.³Part of Worcester State Hospital from 1877 to 1915.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1931, — By Institutions.*

INSTITUTIONS	Number Patients Actually in Institutions.	Number Total Admissions. ¹	Total	NUMBER OF OFFICERS AND EMPLOYEES						NUMBER OF PATIENTS TO EACH			
				Physicians.	Resident Dentists.	Industrial and Educational Department.	Social Workers.	Graduate Nurses.	Other Nurses and Attendants.	All Others.	Resident Physician.	Nurse and Attendant.	Em- ployee
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic	90	1,914	146	9	1	2	6	14	38	76	10.00	1.73	.62
Boston State	2,056	706	455	13	1	13	5	20	223	180	158.15	8.46	4.52
Danvers	2,057	860	371	10	1	7	3	21	189	140	205.70	9.80	5.54
Foxborough	1,057	241	212	6	—	6	2	11	95	92	176.17	9.97	4.99
Gardner	1,226	199	245	8	1	9	2	10	121	94	153.25	9.36	5.00
Grafton	1,423	93	304	7	1	7	1	16	124	148	203.29	10.16	4.68
Medfield	1,765	287	355	10	1	8	2	13	177	144	176.50	9.29	4.97
Metropolitan	1,145	1,183	167	4	1	2	1	5	80	74	286.25	13.47	6.86
Northampton	1,625	519	285	9	1	4	2	9	145	115	180.56	10.55	5.70
Taunton	1,546	561	305	9	1	5	3	23	145	119	172.00	9.20	5.07
Westborough	1,364	477	302	9	1	6	1	21	129	135	151.56	9.09	4.52
Worcester	2,199	786	476	13	1	9	4	39	236	174	169.15	8.00	4.62
Monson (epileptic)	1,346	228	279	7	1	4	1	9	143	114	192.29	8.86	4.82
Total	18,899	8,054	3,902	114	12	82	33	211	1,845	1,605	165.78	9.19	4.84
<i>Schools for Mental Defectives:</i>													
Belchertown	1,191	218	226	6	1	14	2	4	116	83	198.50	9.93	5.27
Walter E. Fernald	1,690	171	339	8	—	32	2	1	188	108	211.25	8.94	4.99
Wrentham	1,605	88	271	5	1	25	3	—	166	71	321.00	9.67	5.92
Total	4,486	477	836	19	2	71	7	5	470	262	236.11	9.44	5.37
Grand Total	23,385	8,531	4,738	133	14	153	40	216	2,315	1,867	175.83	9.24	4.94

¹During Statistical Year Ending September 30, 1931.

TABLE C. — *Average Weekly Per Capita Costs for Maintenance and Operation for Period 1917 to 1931, by Institution.*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
<i>Hospitals for Mental Diseases:</i>															
Boston Psychopathic	25.95	30.91	32.29	36.90	41.84	42.38	50.92	48.57	48.94	49.62	51.01	51.99	58.51	55.20	56.141
Boston State	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73	6.83	6.94	7.00	7.15	7.18	7.054
Danvers	5.61	6.94	5.49	7.24	6.59	6.24	7.09	6.52	6.45	6.93	6.80	6.79	7.24	6.97	6.789
Foxborough	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27	8.50	8.85	8.08	7.81	7.75	7.526
Gardner	5.02	6.13	6.42	6.92	6.70	6.43	6.67	6.42	6.73	6.37	6.64	6.81	6.93	6.95	6.658
Grafton	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13	6.36	6.85	6.80	6.98	7.37	7.509
Medfield	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36	6.04	6.58	6.55	6.97	6.82	6.605
Metropolitan															6.900
Northampton	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.09	6.43	6.23	6.41	6.64	6.43	6.22	6.003
Taunton	5.57	6.28	6.31	6.65	6.43	6.15	6.69	7.13	6.71	6.56	7.28	7.20	7.38	7.35	7.002
Westborough	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.56	7.32	8.75	7.78	7.50	7.32	7.301
Worcester	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78	6.29	7.03	6.97	7.21	7.09	6.984
Monson (epileptic)	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62	6.52	6.85	6.89	6.99	7.42	6.922
Average per capita cost, including Psychopathic	5.71	6.76	6.41	7.45	7.08	6.68	7.11	6.99	7.02	6.86	7.22	7.28	7.37	7.33	7.137
Average per capita cost, excluding Psychopathic	5.57	6.61	6.25	7.27	6.86	6.46	6.88	6.77	6.80	6.65	7.00	7.04	7.13	6.97	6.916
<i>Schools for Mental Defectives:</i>															
Beltedown							3.25	9.19	8.06	7.86	8.03	8.02	8.42	8.03	7.807
Walter E. Fernald	4.68	5.49	6.00	6.70	7.07	6.51	6.70	7.08	6.99	7.16	7.18	7.09	7.09	7.19	7.158
Wrentham	4.57	5.61	5.54	6.95	6.80	6.43	7.34	6.79	6.81	6.37	6.76	6.65	7.05	6.62	6.268
Average per capita cost	4.64	5.54	5.80	6.81	6.95	6.47	7.65	7.32	7.14	7.01	7.19	7.13	7.37	7.25	6.996
Average per capita cost of all Institutions	5.54	6.56	6.31	7.34	7.06	6.64	7.20	7.05	7.04	6.89	7.21	7.25	7.37	7.32	7.111

This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1931 Inclusive.*

INSTITUTIONS.	1917 %	1918 %	1919 %	1920 %	1921 %	1922 %	1923 %	1924 %	1925 %	1926 %	1927 %	1928 %	1929 %	1930 %	1931 %
Hospitals for Mental Diseases:															
Boston Psychopathic	5.09	4.28	5.24	7.21	7.12	2.45	1.55	3.68	2.05	1.46	1.06	1.79	.61	.59	.87
Boston State	5.71	4.47	7.31	7.49	8.71	6.97	9.61	11.39	7.63	15.27	15.26	13.95	12.05	12.21	13.04
Danvers	3.08	1.36	1.65	3.97	4.21	11.69	11.02	14.72	12.32	22.76	24.04	23.36	19.34	19.55	17.83
Foxborough	1.63	1.75	3.38	1.32	1.11	4.49	3.95	7.17	6.29	11.89	11.65	13.18	13.73	14.30	14.10
Gardner	2.06	1.52	2.26	2.76	2.59	1.31	1.59	4.68	2.89	6.82	7.70	7.38	8.79	9.19	7.49
Grafton	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	1.98	3.56	4.55	3.58	3.76	4.22	2.84
Medford	5.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15	30.10	28.72	25.83	25.86	23.18	8.96
Metropolitan	5.22	3.88	3.68	5.40	6.59	6.32	7.34	10.64	8.36	16.24	15.81	14.58	12.28	13.17	24.21
Northampton	5.39	5.38	5.12	5.95	7.36	6.61	6.67	11.32	11.18	31.31	31.62	30.35	30.35	29.45	12.67
Taunton	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62	14.53	13.57	13.74	12.00	12.28	30.14
Worcester	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82	6.28	7.29	7.24	5.70	4.86	11.75
Monson (epileptic)	4.11	3.53	3.88	5.28	5.41	6.21	6.09	9.75	7.12	14.78	14.82	14.36	13.12	12.99	4.78
Average															12.53
Schools for Mental Defectives:															
Belchertown	1.07	.78	.64	1.19	1.22	1.61	.02	.20	.36	1.72	1.59	2.39	1.95	1.85	1.51
Walter E. Fernald	.41	.14	.15	.38	.28	1.40	1.12	1.82	2.17	4.20	4.33	5.51	4.03	3.82	2.88
Wrentham	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33	2.73	2.87	3.90	2.93	2.90	2.61
Average															2.42
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08	12.57	12.66	12.49	11.27	11.16	10.67
Family Care under Department	9.95	6.84	.60	—	—	18.25	—	4.21	23.67	6.30	4.59	4.26	5.54	3.65	—

Note: — See Tables showing number and percentage paying patients on page 96 for Institutions for the Insane, Feeble-minded and Epileptic, and page 96 for Institutions for the Feeble-minded.

TABLE E.—*Percentage of Total Net Expenditures by the State, Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics¹ from 1913 to 1931.*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR.	Total Expended by the State.	Total Expended for Care of Insane Feeble-minded and Epileptic.	Percent- age.
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48

¹Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

Note:—The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F.—*Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1931.*

INSTITUTIONS.	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>Mental Hospitals.</i>				
Worcester State Hospital	2,148	2,166	18	.83
Taunton State Hospital	1,224	1,521	297	24.26
Northampton State Hospital	1,819	1,607	212 ¹	11.65
Danvers State Hospital	1,753	2,053	300	17.11
Westborough State Hospital	1,232	1,352	120	9.74
Boston State Hospital	1,897	2,127	230	12.12
Boston Psychopathic	126	77	49 ¹	38.88
Grafton State Hospital	1,152	1,380	228	19.79
Medfield State Hospital	1,544	1,784	240	15.54
Gardner State Hospital	1,118	1,230	112	10.01
Foxborough State Hospital	910	1,045	135	14.83
Mental Wards, State Infirmary	673	694	21	3.12
Bridgewater Hospital	908	938	30	3.30
Metropolitan State Hospital	1,248	1,132	116 ¹	9.29
Total	17,752	19,106	1,354	7.62
<i>State Schools.</i>				
Walter E. Fernald State School	1,504	1,673	169	11.23
Wrentham State School	1,402	1,581	179	12.76
Belchertown State School	1,155	1,158	3	.25
Total	4,061	4,412	351	8.64
<i>Epileptic.</i>				
Monson State Hospital	1,131	1,340	209	18.47
Aggregate	22,944	24,858	1,914	8.34

¹Decrease or undercrowding.

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded, and Epileptic on September 30, 1905-1931, Inclusive.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ Number of Patients.	Percent- age.
1905.				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital—Epileptic	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906.				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital—Epileptic	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907.				
State Hospital	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital—Epileptic	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908.				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital—Epileptic	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909.				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital—Epileptic	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910.				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital—Epileptic	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911.				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital—Epileptic	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912.				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital—Epileptic	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913.				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital—Epileptic	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914.				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital—Epileptic	976	963	-13	-1.33
Total	15,834	16,396	562	3.54
1915.				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital—Epileptic	968	1,015	47	4.86
Total	16,436	17,095	659	4.03

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1931 Inclusive — Continued.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ No. of Patients.	Percentage.
1916.				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital — Epileptic	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917.				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital — Epileptic	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918.				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital — Epileptic	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919.				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital — Epileptic	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920.				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital — Epileptic	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921.				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital — Epileptic	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922.				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital — Epileptic	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923.				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital — Epileptic	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924.				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital — Epileptic	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22
1925.				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital — Epileptic	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1931, Inclusive — Concluded.*

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess ¹ No. of Patients.	Percent- age.
1926.				
State Hospital	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital — Epileptic.	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34
1927.				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital — Epileptic.	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928.				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	362	10.19
Monson Hospital — Epileptic.	967	1,214	247	25.54
Total	20,580	22,908	2,329	11.31
1929.				
State Hospitals	16,161	18,150	1,989	12.30
State Schools	3,654	3,941	287	7.85
Monson Hospital — Epileptic.	1,037	1,241	204	19.67
Total	20,852	23,332	2,480	11.89
1930.				
State Hospitals	16,270	18,558	2,288	14.06
State Schools	3,866	4,159	293	7.58
Monson Hospital — Epileptic.	1,131	1,290	159	14.05
Total	21,267	24,007	2,740	12.88
1931.				
State Hospitals	17,752	19,106	1,354	7.62
State Schools	4,061	4,412	351	8.64
Monson Hospital — Epileptic.	1,131	1,340	209	18.47
Total	22,944	24,858	1,914	8.34

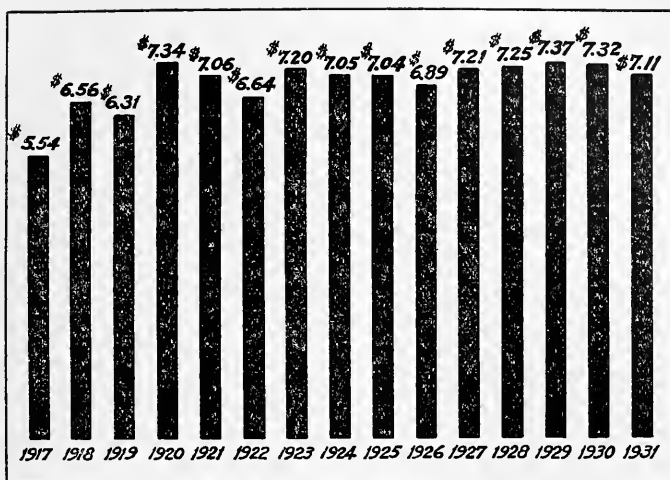
¹Minus sign indicates decrease in number of patients or percentage undercrowding.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1931, Inclusive.*¹

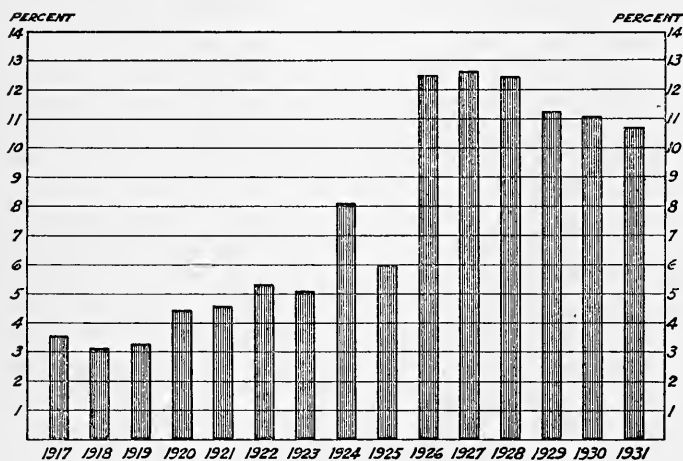
YEAR.	Number of Patients in Institutions.	Number of of Paying Patients.	Percentage of Resident Patients.
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.5
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,336	12.2
1929	19,391	2,345	12.0
1930	19,848	2,361	11.0
1931	20,446	2,310	11.2

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1931, Inclusive.*

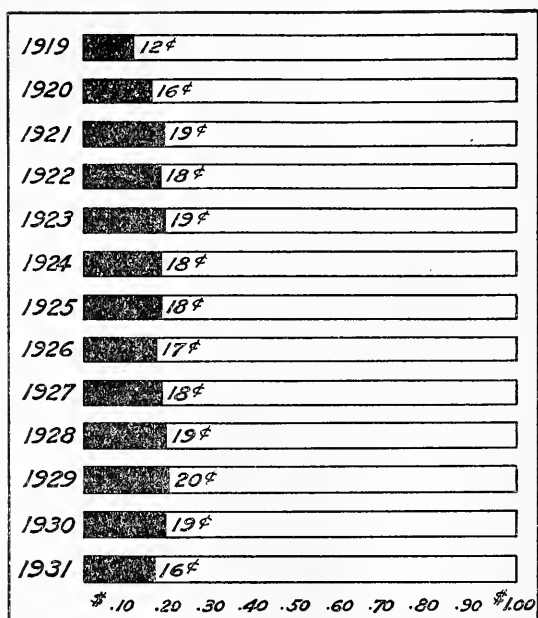
YEAR.	Number of Patients in Schools.	Number of Paying Patients.	Percentage of Resident Patients.
1904.	897	95	8.9
1905.	1,078	96	8.9
1906.	1,170	92	7.9
1907.	1,278	89	7.0
1908.	1,382	82	5.9
1909.	1,493	75	5.7
1910.	1,617	60	3.7
1911.	1,692	67	3.9
1912.	1,895	70	3.7
1913.	1,972	70	3.5
1914.	2,244	41	1.8
1915.	2,359	39	1.7
1916.	2,632	37	1.5
1917.	2,723	23	0.9
1918.	2,813	21	0.7
1919.	2,789	29	1.0
1920.	2,870	30	1.0
1921.	2,991	37	1.2
1922.	2,899	31	1.0
1923.	3,289	43	1.4
1924.	3,510	52	1.5
1925.	3,643	78	2.1
1926.	3,710	121	3.3
1927.	3,837	166	4.3
1928.	3,912	174	4.4
1929.	3,941	151	3.8
1930.	4,159	186	4.4
1931.	4,412	192	4.3



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1931.



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917 TO 1931.



GRAPH C. — PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919 TO 1931.

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes under Care in Mental Hospitals, 1931, and Previous Years.

Section A is devoted to a general discussion of all classes under treatment, and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1931. Other items of general interest, including the legal forms of admission to mental hospitals, are outlined.

ALL CLASSES UNDER CARE, 1931.

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1931, and comprises cases actually within institutions.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1931.*

LOCATION	Total All Forms	With Psychoses	WITHOUT PSYCHOSES.			
			Epileptic	Mentally Defec- tive	Borderline or Dull ²	Other Groups
<i>Public Institutions.</i>						
Boston State	2,127	2,106	—	10	—	11
Boston Psychopathic	77	58	2	3	—	14
Danvers	2,053	2,039	—	2	—	12
Foxborough	1,045	1,024	—	20	—	1
Gardner	1,230	1,181	—	45	—	4
Grafton	1,380	1,380	—	—	—	—
Medfield	1,784	1,781	—	—	—	3
Metropolitan	1,132	1,132	—	—	—	—
Northampton	1,607	1,566	—	41	—	—
Taunton	1,521	1,515	—	1	—	5
Westborough	1,352	1,337	—	2	—	13
Worcester	2,166	2,158	—	—	—	8
Monson (epileptic)	1,340	681	658	—	—	1
Mental Wards (State Infirmary)	694	680	—	14	—	—
Bridgewater	938	903	1	23	—	11
Family Care under Department	22	22	—	—	—	—
Belchertown State School	1,158	—	—	1,094	64	—
Walter E. Fernald State School	1,673	—	—	1,644	29	—
Wrentham State School	1,581	—	—	1,525	56	—
Hospital Cottages for Children	93	—	2	80	—	11
Almshouses ¹	173	—	—	173	—	—
Total	25,146	19,563	663	4,677	149	94
<i>Private Institutions.</i>						
McLean Hospital	212	207	—	—	—	5
U. S. Veterans' Hospital No. 95	552	540	—	4	—	8
U. S. Veterans' Hospital No. 107	632	616	—	1	—	15
Seventeen other private institutions	299	133	7	92	—	67
Total	1,695	1,496	7	97	—	95
Total — All Classes under Care	26,841	21,059	670	4,774	149	189

¹Taken from Report of Overseers of Poor, 1931.

²Patients not mentally defective, I. Q. .75 or over.

There were 26,841 patients of all classes under treatment in institutions (both public and private) on September 30, 1931. Compared with the population of Massachusetts as of April 1, 1930*, this makes a rate of 631 patients under treatment for each 100,000 in the general population, or one person in 158. Of this total number, 21,059 (78.4 per cent) were insane; 670 (2.5 per cent) were epileptic sane cases; 4,774 (17.8 per cent) were mentally defective; 149 (.6 per cent) were borderline or dull admissions; and 189 (.7 per cent) were classified as "other groups without psychoses."

The total number under care in public institutions was 25,146, or 94.0 per cent. The total number under care in private institutions was 1,695, or 6.0 per cent.

*Estimated Population as of April 1, 1930 - 4,249,614.

During the last statistical year the number of patients under treatment has increased from a total of 25,798 on September 30, 1930, to a total of 26,841 on September 30, 1931, an increase of 1,043 patients. Those under care in public institutions have had a total increase of 922, while those under care in private institutions had a total increase of 121. The large increase of patients under care in public hospitals is due chiefly to the opening of the new Metropolitan State Hospital for the care of mental diseases during the last year.

(a) *The Insane.*

The total cases held as insane in institutions on September 30, 1931, numbered 21,059. This is at the rate of 495 per 100,000 of the population of the State, or one to every 202 of the population.

The total insane in public institutions number 19,563, a rate of 460 per 100,000 of the population of the State. There was an increase over the previous year of 758 in the insane actually within public institutions.

The total insane under private care increased 158 as compared with an increase of 138 for the previous year.

(b) *The Mentally Defective.*

There were 97 mentally defective cases in private institutions, and 4,677 cases in public institutions, making a total of 4,774 cases in both public and private institutions. This is at the rate of 112 per 100,000 of the population of the State. There was an increase of 220 for the year as compared with an increase of 115 for the previous year.

(c) *The Epileptic Sane.*

The epileptic population not classified as insane numbered 670, most of whom were cared for in public institutions. The rate for this group is 15 per 100,000 of the population of the State. This year shows an increase of 81 in these cases.

(d) *Borderline or Dull.*

One hundred and forty-nine cases were classified as "borderline" or "dull" during the last statistical year. These comprise chiefly children who were admitted to State schools for the mentally defective. The rate of admission for this group is 3 per 100,000 of the general population.

(e) *Other Groups Without Psychoses.*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 189, with 94 or 49.7 per cent of this number in public institutions, and 95 or 50.3 per cent in private institutions. The rate for this class as a whole is 4 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals that have not been classified as having a psychosis.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1931.

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1931, inclusive. The insane have shown an increase of 12,153 patients over the 28-year period, representing a percentage increase of 115.53. The number of patients in schools for the mentally defective showed an increase of 3,968 over the same period, representing a percentage increase of 468. The total increase of all patients on the books of both public and private institutions since 1904 was 17,501, representing a percentage increase of 149.

There has been an average annual increase of 661 patients on the books of all institutions over the past 28 years (Table 3). This increase was greatest for the State Hospitals and McLean, the average increase of patients being 469 per year. The State schools as a group showed an average increase of 143 patients per year. The private institutions for insane, inebriates, etc., and the private institutions for the mentally defective, showed average annual increases of 44, and 3 respectively.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1931.

Tables 4 and 5 show, respectively, the number of patients actually within public institutions and McLean Hospital on September 30 of each year from 1904 to 1931, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 14,368 patients actually occupying

hospital beds, representing a percentage increase of 134.25. The average annual increase over the 28-year period is 537.

TABLE 2. — *Patients on Books of All Public and Private Institutions September 30, 1904-1931.*

YEAR.	Total.	State Hospitals. ¹	State Schools.	PRIVATE INSTITUTIONS.	
				For Insane, Inebriates, etc.	Mentally Defective.
1904	11,705	10,519	847	259	80
1905	12,495	11,111	1,028	279	77
1906	13,159	11,665	1,120	298	76
1907	13,602	12,021	1,228	276	77
1908	14,440	12,752	1,332	282	74
1909	15,107	13,298	1,443	293	73
1910	15,996	13,968	1,654	294	80
1911	16,859	14,720	1,772	273	94
1912	17,640	15,274	1,985	283	98
1913	18,396	15,964	2,049	293	90
1914	18,414	15,759	2,366	222	67
1915	19,196	16,434	2,471	229	62
1916	20,203	17,020	2,873	250	60
1917	20,659	17,403	2,947	250	59
1918	21,510	17,934	3,115	297	164
1919	21,578	17,919	3,219	281	159
1920	21,716	18,123	3,163	269	161
1921	22,556	18,738	3,375	306	137
1922	23,199	19,467	3,315	285	132
1923	23,964	19,774	3,762	282	146
1924	24,897	20,043	4,075	629	150
1925	25,565	20,526	4,125	765	149
1926	25,646	20,607	4,145	737	157
1927	25,911	20,843	4,162	747	165
1928	26,802	21,218	4,304	1,120 ²	170
1929	27,289	21,575	4,363	1,124	227
1930	28,461	22,313	4,557	1,389	202
1931	29,206	22,672	4,815	1,534	185

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane patients in Family Care under the Department.

²Increase largely due to U. S. Veterans' Hospital No. 107 being admitted to Statistical System as a licensed Institution, August 11, 1928.

TABLE 3. — *Annual Increase of Patients on Books, 1904-1931.*

YEAR.	Total.	State Hospitals. ¹	State Schools.	PRIVATE INSTITUTIONS.	
				For Insane, Inebriates, etc.	Mentally Defective.
1904	1,018	980	47	-1 ²	-8
1905	790	592	181	20	-3
1906	664	554	92	-19	-1
1907	443	356	108	-22	1
1908	838	731	104	6	-3
1909	667	546	111	11	-1
1910	889	670	211	1	7
1911	863	752	118	-21	14
1912	781	554	213	10	4
1913	756	690	64	10	-8
1914	18	-205	317	-71	-23
1915	782	675	105	7	-5
1916	1,007	586	402	21	-2
1917	456	383	74	-	-1
1918	851	531	168	47	105
1919	68	-15	104	-16	-5
1920	138	204	-56	-12	2
1921	840	615	212	37	-24
1922	643	729	-60	-21	-5
1923	765	307	447	-3	14
1924	933	269	313	347	4
1925	668	483	50	136	-1
1926	81	81	20	-28	8
1927	265	236	17	10	8
1928	891	375	142	373 ³	5
1929	477	357	59	4	57
1930	1,172	738	194	265	-25
1931	745	359	258	145	-17
Average 28 years	(661)	(469)	(143)	(44)	(3)

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane patients in Family Care under the Department.

²Minus sign indicates decrease.

³Increase due largely to U. S. Veterans' Hospital No. 107 becoming a licensed institution August 11, 1928.

TABLE 4. — *Total Patients Within Institutions September 30, 1904-1931.*

YEAR.	Total.	State Hospitals. ¹	State Schools.
1904	10,702	9,855	847
1905	11,279	10,251	1,028
1906	11,541	10,421	1,120
1907	12,035	10,807	1,228
1908	13,010	11,678	1,332
1909	13,656	12,213	1,443
1910	14,346	12,779	1,567
1911	14,831	13,189	1,642
1912	15,547	13,702	1,845
1913	16,002	14,080	1,922
1914	16,603	14,409	2,194
1915	17,177	14,868	2,309
1916	17,848	15,266	2,582
1917	18,317	15,644	2,673
1918	18,448	15,685	2,763
1919	18,360	15,621	2,739
1920	18,712	15,892	2,820
1921	19,586	16,645	2,941
1922	19,865	17,016	2,849
1923	20,504	17,265	3,239
1924	21,179	17,719	3,460
1925	21,804	18,211	3,593
1926	22,033	18,373	3,660
1927	22,607	18,820	3,787
1928	23,128	19,216	3,912
1929	23,539	19,598	3,941
1930	24,213	20,054	4,159
1931	25,070	20,658	4,412

¹Includes McLean Hospital, Bridgewater and Tewksbury.

The number of patients within institutions for the insane and McLean Hospital has shown a total increase of 10,803 since 1904, and a percentage increase of 109.62. The average annual increase was 411.

The patients within State Schools showed an increase of 3,565 over the 28-year period, and a percentage increase of 420.89. The average annual increase was 129.

TABLE 5. — *Annual Increase of Patients Within Institutions, 1904-1931.*

YEAR.	Total.	State Hospitals. ¹	State Schools.
1904	766	719	47
1905	577	396	181
1906	262	170	92
1907	494	386	108
1908	975	871	104
1909	646	535	111
1910	690	566	124
1911	485	410	75
1912	716	513	203
1913	455	378	77
1914	601	329	272
1915	574	459	115
1916	671	398	273
1917	469	378	91
1918	131	41	90
1919	-88 ²	-64	-24
1920	352	271	81
1921	874	753	121
1922	279	371	-92
1923	639	249	390
1924	675	454	221
1925	625	492	133
1926	229	162	67
1927	574	447	127
1928	521	396	125
1929	411	382	29
1930	674	456	218
1931	857	604	253
Average 28 years	(537)	(411)	(129)

¹Includes McLean Hospital, Bridgewater and Tewksbury.

²Minus sign indicates decrease.

PATIENTS "ON VISIT" FROM STATE HOSPITALS, 1930 AND 1931.

Table 6 shows the total number of cases on the books of each State hospital, the total number out "on visit" and the percentage out "on visit" on September 30, for the years 1930 and 1931. It will be observed that the total number of patients on the books increased during 1931. The total number out "on visit" showed a decrease during the last statistical year, however, the percentage being 7.2 in 1931 as against 8.4 in 1930. This decrease is evident for each institution with the exception of Gardner, Bridgewater and Tewksbury.

TABLE 6. — *Patients on Visit from State Hospitals September 30, 1930-1931.*

HOSPITALS.	1930			1931		
	Number on Books	Number on Visit.	Percent- age.	Number on Books.	Number on Visit.	Percent- age.
Boston State	2,471	197	8.0	2,311	166	7.1
Boston Psychopathic	143	67	46.8	145	67	46.2
Danvers	2,392	287	12.0	2,322	245	10.5
Foxborough	1,159	95	8.2	1,135	71	6.2
Gardner	1,314	43	3.2	1,375	58	4.2
Grafton	1,606	31	1.9	1,407	15	1.0
Medfield	1,962	94	4.7	1,896	76	4.0
Metropolitan	—	—	—	1,153	15	1.3
Northampton	1,699	174	10.2	1,792	163	9.0
Taunton	1,735	199	11.5	1,724	195	11.3
Westborough	1,743	245	14.0	1,585	204	12.8
Worcester	2,689	314	11.6	2,471	238	9.6
Monson	1,415	113	8.0	1,469	116	7.9
Bridgewater	947	2	.2	946	5	.5
Tewksbury	814	3	.3	700	3	.4
Total	22,089	1,864	8.4	22,431	1,637	7.2

TABLE 7. — *Number of Patients on Visit and on Escape from State Hospitals, and Total Patients on Books, 1904-1931, inclusive¹.*

YEAR.	Total Patients on Books.	Patients on Visit and Escape. ²	Patients on Visit	Patients on Escape	Percent- age on Visit and Escape.	Percent- age on Visit.	Percent- age on Escape.
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0
1931	21,311	—	1,514	178	—	7.1	.8

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxboro, sane epileptics at Monson, and patients in family care under the Department.

²Includes escapes up to 1920.

The total number of patients out "on visit" and "on escape" for each year, 1904-1931, inclusive, is shown in Table 7. As will be observed, the percentage "on visit" showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these is given separately for the years 1920 through 1931. The percentage of patients "on visit" from State Hospitals has varied somewhat during the last eleven years and shows a slight tendency to decrease. The percentage of patients "on escape" shows less variation, but there is a slight tendency to decrease during the last two years. On the whole, however, there has been no significant variation in either of the groups.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER DEPARTMENT, 1931.

During 1931, 119 new cases were admitted to family care under the authority of the trustees of the various State hospitals and under the Department, (Table 8). This is an increase of 37 over the previous year. At the beginning of the statistical year (October 1, 1930) there were 169 patients in family care, while at the close of the year (September 30, 1931) there were 192 patients remaining. Eight new cases were admitted to family care under the Department of Mental Diseases during 1931. At the beginning of the year there were 22 cases, and at the end of the year there were 22 cases remaining in family care under the Department.

TABLE 8. — *Family Care under Institution Trustees and Under the Department during 1931.*

HOSPITALS.	Patients in Family Care September 30, 1930			Number Admitted during year.			Patients remaining in Family Care September 30, 1931.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston	—	1	1	—	22	22	—	15	15
Danvers	—	14	14	—	3	3	—	13	13
Gardner	9	57	66	4	43	47	5	64	69
Grafton	1	6	7	2	16	18	2	9	11
Medfield	—	8	8	—	3	3	—	8	8
Northampton	—	6	6	—	—	—	—	5	5
Taunton	—	4	4	—	1	1	—	5	5
Westborough	12	14	26	5	3	8	10	14	24
Worcester	1	14	15	2	7	9	2	18	20
Total for Hospitals	23	124	147	13	98	111	19	151	170
Under Department	—	22	22	—	8	8	—	22	22
Grand Total	23	146	169	13	106	119	19	173	192

TABLE 9. — *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1930-1931.*

	FISCAL YEAR ENDING	
	Nov. 30, 1930	Nov. 30, 1931
Payments for Board	\$4,589.12	\$3,423.32
Average number of patients exclusive of private patients	\$17.44	\$15.46
Weekly per capita cost of board	\$5.06	\$4.26
Payments for extra clothing, etc., not included in board rate	\$32.57	\$25.07
Payments for medical attendance, etc., not included in board rate	—	—
Weekly per capita cost of such expense outside of board rate	\$.03	\$.03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.)	\$5.09	\$4.28
Payments for supervision (being transportation, salaries and expenses of visitors) by the Department of patients under the Department and the hospitals, totaling 184 on November 30, 1931	\$2,343.82	\$2,331.05

The annual cost for the care of patients in family care under the Department is shown in Table 9, together with similar costs for the preceding year. The cost for patients boarded out under the supervision of the various State hospitals is borne by the individual institution.

EX-SERVICE MEN IN STATE HOSPITALS, 1930 AND 1931.

On September 30, 1930 there were 374 ex-service men in State hospitals, while on September 30, 1931 there were 368, (Table 10). The daily average number on the books during the last statistical year was 378.39, while the daily average number actually cared for during this year was 346.70.

TABLE 10. — *Number of Ex-Service Men on Books of State Hospitals, September 30 1930-1931.*¹

	1930			1931		
	M.	F.	T.	M.	F.	T.
Number on Books September 30	369	5	374	360	8	368
Daily average number on books during year	368.03	4.62	372.65	371.24	7.15	378.39
Daily average number actually in during year	329.94	4.62	334.56	339.55	7.15	346.70

¹All State Hospitals, Bridgewater and Tewksbury.

LEGAL FORMS OF ADMISSION TO HOSPITALS FOR MENTAL DISEASES AND EPILEPSY.

For the convenience of those unfamiliar with the legal procedure in admitting patients to Massachusetts State Hospitals, the following paragraphs are inserted to describe the outline of the legal forms in use at the present time.

1. Commitment of Insane: Sec. 51, Chap. 123, G. L.
 - a. Application.
 - b. Medical certificate by two physicians graduated from a legally chartered medical school or college and in actual practice for three years last preceding the making of the oath.
 - c. Order of commitment by justice of the superior court in any county and either of the judges of probate for Suffolk County, the judge of probate for Nantucket County, or a justice or *special* justice of a district court.
2. Commitment for Observation: Sec. 77, Chap. 123, G. L.
 - a. Application.
 - b. Medical certificate by two qualified physicians.
 - c. Order of commitment for thirty-five days by judge.
 - d. Report of hospital superintendent to judge relative to commitment from observation.
 - e. If insane, after observation, commitment by judge.
 - f. Discharge by superintendent if not insane.
3. Temporary care of persons needing immediate care and treatment because of mental derangement other than drunkenness: Sec. 79, Chap. 123, G. L. as amended by Chap. 222, Acts of 1929.
 - a. Commitment limited to ten days.
 - b. Application may be made by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectmen, police officer of a town, or by an agent of the institutions department of Boston.
4. Commitment of persons violently insane without order of the Court: Emergency admission, Sec. 78, Chap. 123, G. L.
 - a. Certificate of two qualified physicians.
 - b. Period of detention, five days.
 - c. Applicant responsible for commitment or removal within five days.
5. Voluntary admission: Sec. 86, Chap. 123, G. L.
 - a. For admission of insane persons, inebriates or narcotic addicts on a voluntary basis, who make written application therefore and are mentally competent to make the application.
 - b. Cannot be detained for more than three days after having given three days' written notice of intention to leave.
6. Commitment of persons under complaint or indictment: Sec. 100, Chap. 123, G. L.
 - a. Commitment pending the determination of insanity, under such limitations as the court may order.

- b. Report of hospital superintendent to the court when patient is restored to sanity and return of patient to custody of court from which he was removed.
7. Commitment of persons acquitted of murder, etc., by reason of insanity: Sec. 101, Chap. 123, G. L.
 - a. Committed to state hospital for life.
 - b. Discharge by Governor upon recommendation of Department of Mental Diseases.
8. Examination of alleged insane prisoners in the State Prison, Massachusetts Reformatory, Prison Camps and Hospital, Reformatory for Women, by psychiatrists designated by the D. M. D., Sec. 102, Chap. 123, G. L., as amended by Chap. 213, Acts of 1929.
9. Removal of insane prisoners to State hospitals committed under Sec. 102; Sec. 103, Chap. 123, G. L., as amended by Chap. 166, Acts of 1931.
 - a. Removal of insane prisoner to Bridgewater State Hospital if a male, or one of the State hospitals, if a female.
 - b. Report of hospital superintendent to court if in his judgment patient should be returned to prison.
10. Commitment of insane prisoners under sentence in jail, house of correction or prison other than those named in Sec. 102; Sec. 104, Chap. 123, G. L., as amended by Chap. 166, Acts of 1931.
 - a. Report of physician to jailer regarding insanity of prisoner.
 - b. Transmitting of above report to judge.
 - c. Removal of insane prisoners to State hospitals.
11. Commitment of insane epileptics: Sec. 69, Chap. 123, G. L.
 - a. Commitment to Monson State Hospital of insane epileptics if not criminal, inebriate or violently insane.
 - b. Commitment to Monson State Hospital of dangerous epileptics, in the manner provided for the commitment of dipsomaniacs and inebriates.
12. Voluntary admission of epileptics to Monson State Hospital: Sec. 87, Chap. 123, G. L.
 - a. Certificate of epilepsy by physician.
 - b. Written application of patient who is mentally competent to make the application.
 - c. Cannot be detained more than three months after having given written notice of intention to leave.

For the purposes of statistical treatment, the various modes of admission have been classified under four headings:

1. *Regular Court Commitment.* Under regular commitment are included commitments under Sec. 51; regular commitment from observation, 77; 101 (as amended by Sec. 3, Chap. 467, Acts of 1923); 103, 104 and 69; Chap. 123, G. L.; and Sec. 62 (as amended by Sec. 4, Chap. 535, Acts of 1922).
2. *Observation.* Observation cases are patients admitted under authority of Sec. 100, Chap. 123, G. L.; and Sec. 77, Chap. 123, G. L., as amended by Chap. 19, Acts of 1924.
3. *Temporary Care.* Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chap. 123, G. L.; Chap. 307, Acts of 1910; and Chap. 142, Acts of 1918.
4. *Voluntary.* Voluntary cases are patients admitted under authority of Sec. 86, Chap. 123, G. L.; as amended by Chap. 132 of the Acts of 1926; and Sec. 87, Chap. 123, G. L.

Section B. All Admissions to Mental Hospitals during 1931.

The following section discusses data in reference to regular court admissions, temporary care admissions, observation admissions, voluntary admissions and transfers to State hospitals during 1931. The discussion of all readmitted cases is likewise included in this section.

ALL FIRST AND READMISSIONS DURING 1928, 1929, 1930 AND 1931.

Table 11 shows the total number of cases admitted under the various forms of admission for all first and readmissions during 1928, 1929, 1930 and 1931. In the aggregate for both groups, we observe that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but showed a perceptible increase to 6,421 in 1930, and a still further increase to 6,632 in 1931. This same fluctuation is observed in voluntary first admissions over the four-year period. The first admissions on temporary care showed a decrease between 1928 and 1930, but increased during 1931. First admissions for observation showed a steady increase in numbers. First admissions by court commitment show more fluctuation than the other groups, the number admitted on this form reaching a lower level in 1931 than in 1930.

TABLE 11. — *First and Readmissions to State Hospitals during 1928, 1929, 1930, and 1931, by Form of Admission and Sex.*¹

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	24
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33

¹Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

Readmissions under the various forms show a continued increase over the four-year period, being 1,158 in 1928, 1,180 in 1929, 1,292 in 1930, and 1,361 in 1931. This increase is especially noted in readmissions under court commitment.

It would seem from this table that there is a growing tendency, especially among first admissions, to use the observation, temporary and voluntary forms of admission more frequently. The increase in voluntary admissions is interesting as it measures the willingness of individuals to come to the mental hospital of their own free will.

COURT FIRST ADMISSIONS AND READMISSIONS, 1930 AND 1931.

During 1931, a total of 3,825 patients were admitted under regular court commitment as insane to the State hospitals and McLean (Table 12). Of these, 3,080 or 81 per cent were first admissions, and 745 or 19 per cent were readmissions. There was a decrease of 12 in the total admissions during 1931. First admissions showed a decrease of 54 cases. The readmissions, however, showed an increase of 42 cases. The total admission rate for 1931 was 90 per 100,000 of the population of the State (1930 census). The first admission rate was 75 and the readmission rate was 17.

FIRST COURT COMMITMENTS, 1904-1931, INCLUSIVE.

The total number of regular court first admissions to all public and private hospitals for the insane and epileptic is shown for the period 1904 to 1931, inclusive, in Table 13. When studied over a period of years, the first regular court admissions probably give the best rough index of the magnitude of mental disease throughout the State. Although there was some fluctuation over the 28-year period, the general trend has remained somewhat stationary, and rather indicates that there is no perceptible increase in mental disease in this State.

TABLE 12. — *First Admissions and Readmissions by Court Commitment¹ to State Hospitals, 1930 and 1931, by Hospital.*

HOSPITALS ²	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	1930	1931	1930	1931	1930	1931
Boston State	481	510	385	429	96	81
Boston Psychopathic	183	147	166	142	17	5
Danvers	618	597	502	473	116	124
Foxborough	202	180	168	143	34	37
Gardner	65	89	52	73	13	16
Grafton	44	64	36	56	8	8
Medfield	185	156	140	124	45	32
Northampton	483	458	408	355	75	103
Taunton	457	445	372	345	85	100
Westborough	410	406	310	324	100	82
Worcester	500	564	414	445	86	119
Monson (epileptic)	23	22	23	21	—	1
Bridgewater	65	55	53	46	12	9
Tewksbury	50	42	48	33	2	9
McLean	71	90	57	71	14	19
Total	3,837	3,825	3,134	3,080	703	745

¹For forms of admission included under court commitment see page 106 of text.²Includes McLean Hospital.TABLE 13. — *First Court Commitments (First Admissions) to Public and Private Hospitals for the Insane and Epileptic 1904-1931 inclusive.*

YEAR.	TOTAL, ALL HOSPITALS.		State Hospitals ²	McLean.	Private.
	Number.	Rate per 100,000 General Population. ¹			
1904	3,160	80.9	2,337	89	28
1905	2,237	72.4	2,136	72	29
1906	2,120	67.3	1,990	87	43
1907	2,463	76.8	2,286	128	49
1908	2,555	78.3	2,383	108	64
1909	2,536	76.5	2,340	111	85
1910	2,677	79.4	2,470	112	95
1911	2,680	78.4	2,459	106	115
1912	2,772	79.9	2,562	98	112
1913	3,247	92.6	3,024	84	139
1914	3,112	87.1	2,925	61	126
1915	3,264	90.6	3,087	60	117
1916	3,323	87.8	3,109	76	138
1917 ³	4,315	82.6 ⁴	4,097	62	156
1918 ³	3,894	72.5 ⁴	3,702	64	128
1919 ³	4,011	78.8 ⁴	3,752	64	195
1920	3,009	77.6	2,768	51	190
1921	3,310	84.5	3,054	45	211
1922	3,508	88.4	3,325	31	152
1923	3,006	75.0	2,786	50	170
1924	3,208	78.8	2,879	53	274
1925	3,134	77.4	2,902	63	169
1926	3,071	73.5	2,821	70	175
1927	2,953	69.8	2,765	73	125
1928	3,423	80.3	3,075 ⁵	64	284 ⁶
1929	3,218	73.4	2,949	56	213
1930	3,250	76.4	3,077	57	116
1931	3,145	74.0	3,009	71	65

¹Population estimated for intercensal years.²Includes Bridgewater and Tewksbury.³Includes Temporary Care Admissions to State Hospitals.⁴Estimated, less Temporary Care Admissions.⁵Includes 24 first admissions on court commitment, R. C. 69 Sane Dangerous, at Monson.⁶Increase due to U. S. Veterans' Hospital No. 107 becoming a licensed institution, August 11, 1928.

TEMPORARY CARE ADMISSIONS, 1931.

Table 14 shows the total first admissions and readmissions under temporary care forms to State Hospitals and McLean during 1931. There was an increase of 153 in the numbers admitted between 1930 and 1931. The total for the former year was 1,692, and for the latter year, 1,845. One thousand four hundred and ninety-six cases or 81.1 per cent were admitted under this status for the first time,

and 349 or 18.9 per cent were readmitted. The rate per 100,000 of the population of the State (1930 Census) for all admissions under temporary care was 43; for first admissions 35; and for readmissions 8.

TABLE 14. — *First Admissions and Readmissions of Temporary Care Cases¹ to State Hospitals, 1931 by Hospital.*

HOSPITALS. ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	108	81	27
Boston Psychopathic	1,464	1,206	258
Danvers	143	107	36
Foxborough	6	6	—
Gardner	14	9	5
Grafton	—	—	—
Medfield	11	7	4
Northampton	18	16	2
Taunton	33	26	7
Westborough	9	5	4
Worcester	28	23	5
Monson (epileptic)	1	1	—
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	10	9	1
Total	1,845	1,496	349

¹For forms of admission included under temporary care see page 106 of text.

This table includes only temporary care cases not followed by court commitment.

²Includes McLean Hospital.

OBSERVATION ADMISSIONS, 1931.

The total number of cases admitted to State Hospitals and McLean during 1931 under observation status was 746, (Table 15). This is an increase of 87 over the previous year. Five hundred forty-three cases, or 73 per cent of the total, were admitted under observation for the first time, while 203, or 27 per cent, were readmitted. The rate per 100,000 of the population of the State (1930 Census) is 17 for total admissions: 13 for first admissions and 4 for readmissions on this status.

TABLE 15. — *First Admissions and Readmissions of Observation Cases¹ to State Hospitals, 1931, by Hospital.*

HOSPITALS ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	59	24	35
Boston Psychopathic	242	194	48
Danvers	87	63	24
Foxborough	32	21	11
Gardner	3	3	—
Grafton	3	—	3
Medfield	14	5	9
Northampton	35	34	1
Taunton	54	43	11
Westborough	39	17	22
Worcester	147	121	26
Monson (epileptic)	—	—	—
Bridgewater	22	12	10
Tewksbury	—	—	—
McLean	9	6	3
Total	746	543	203

¹For forms of admission included under commitment for observation see page 106 of text. This table includes only observation cases not followed by court commitment.

²Includes McLean Hospital.

VOLUNTARY ADMISSIONS, 1931.

Table 16 shows the first admissions and readmissions of voluntary care cases to State Hospitals and McLean during the year 1931. The total patients admitted under this status was 333, an increase of 24 over the preceding year. Two hundred thirty-seven cases, or 71 per cent, were first admissions, and 96 cases, or 29 per cent, were readmissions.

TABLE 16. — *First Admissions and Readmissions of Voluntary Care Cases¹ to State Hospitals, 1931, by Hospital.*

HOSPITALS ²	Total Admissions.	First Admissions.	Readmissions.
Boston State	—	—	—
Boston Psychopathic	61	45	16
Danvers	4	1	3
Foxborough	3	—	3
Gardner	14	12	2
Grafton	—	—	—
Medfield	4	3	1
Northampton	2	2	—
Taunton	16	7	9
Westborough	5	3	2
Worcester	11	9	2
Monson (epileptic)	160	131	29
Bridgewater	—	—	—
Tewksbury	—	—	—
McLean	53	24	29
Total	333	237	96

¹For forms of admission included under voluntary care see page 106 of text.²Includes McLean Hospital.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1931.

The voluntary care admissions and the rate per 100,000 of the estimated population of the State for each year 1911 to 1931, inclusive, is shown in Table 17. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1931, there were 466 voluntary admissions to public and private institutions.

TABLE 17. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1931.¹*

YEAR.	Number.	Rate per 100,000 estimated population of State.
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96

¹All public and private institutions for the insane and epileptic.

LEGAL STATUS OF ALL COURT ADMISSIONS.

Table 18 shows the legal status of all regular court first admissions to all Hospitals under the Department of Mental Diseases during the year 1931. Of the total of 3,144 regular court admissions, 1,509 or 47.9 per cent, were admitted outright under regular court commitment; 1,028 or 32.7 per cent had been held under a temporary care status immediately preceding the court commitment; 157 or 4.9 per cent had been held under a temporary care and observation form of admission preceding the regular court commitment; 436 or 13.8 per cent had been admitted for observation immediately preceding the regular commitment; and 14 or .45 per

cent had had one or more short term forms of other types preceding the regular court commitment.

TABLE 18. — *Legal Status of All Court Admissions to All Hospitals for the Year Ended September 30, 1931.*¹

FORMS OF ADMISSION ²	FIRST ADMISSIONS.		READMISSIONS.	
	Number.	Percent- age.	Number.	Percent- age.
Regular Court	1,509	47.99	354	43.75
Temporary Care and Court	1,028	32.70	348	43.02
Temporary Care, Observation and Court	157	4.99	24	2.97
Observation and Court	436	13.87	78	9.64
Others and Court	14	.45	5	.62
Total	3,144	100.00	809	100.00

¹Unless otherwise stated, the following tables include all State Hospitals, McLean Hospital, Bridge-water, Tewksbury, and U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95.

²For forms of admission included under these headings see page 106 of text.

In the readmissions, 354 or 43.7 per cent were admitted outright on regular court commitment. Three hundred forty-eight or 43.0 per cent were preceded by a temporary care admission; 24 or 2.9 per cent were preceded by a temporary care and observation admission; 78 or 9.6 per cent had an observation admission only preceding the court commitment; and 5, or .62 per cent had some other short term form of admission preceding the regular court commitment.

In both the first and readmission cases, the various forms noted previous to the regular court commitment immediately preceded the latter status without the patient having left the hospital. The forms of admission as shown in Table 18 indicate the general procedure which is typical to all institutions in admitting patients on regular court commitment.

While not included in the table, it is interesting to know that of the 1,863 court admissions not preceded by temporary forms, 802 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

LEGAL STATUS OF ALL CASES ADMITTED FOR FIRST TIME DURING 1931.

Table 19 gives the percentage distribution of the various forms of legal status for the total 5,464 cases admitted for the first time to all hospitals under the supervision of the Department during 1931. In considering the total for all institutions, we see that the regular court commitment was used more than any other form, as 28.0 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 26.8 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 18.8 per cent of cases; observation and court commitment, 8.0 per cent; and observation commitment alone in 7.2 per cent of cases. Voluntary admissions, 3.4 per cent, were next in order of importance.

The following institutions had the largest proportion of patients sent to them through regular court commitment: Grafton State Hospital, 75.0 per cent; Westborough State Hospital, 66.5 per cent; and Medfield State Hospital, 52.5 per cent. This commitment form was used in the smallest proportion of admissions at Gardner State Hospital, 32.0 per cent; Monson State Hospital, 25.8 per cent, and Danvers State Hospital, 23.9 per cent.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 74.2 per cent of cases admitted on this form. Danvers State Hospital with 16.5 per cent, and Boston State Hospital, with 15.0 per cent, followed in order. Monson State Hospital with .6 per cent, Westborough State Hospital with 1.4 per cent, and Foxborough State Hospital with 3.5 per cent, used the temporary care form the least of any of the institutions.

In the use of the combination of temporary care and court commitment Danvers State Hospital stood first with 37.4 per cent. There followed in order, the Gardner State Colony with 32.0 per cent, Northampton State Hospital with 29.5 per cent,

and Boston State Hospital with 25.5 per cent. This combination was used the least at the Grafton State Hospital with 3.6 per cent, Westborough State Hospital with 4.9 per cent, and Boston Psychopathic Hospital, with 7.8 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1931.

Table 20 shows the percentage distribution in legal status of all cases readmitted to State Hospitals for mental diseases during 1931. In considering the total for all institutions, we observe again that the regular court commitment was used more than any other form, 24.9 per cent of all readmissions entering the hospitals by this means. The temporary care form was second, 23.4 per cent. The combination of temporary care and court commitment was used in 23.3 per cent of cases; observation form alone in 10.8 per cent; voluntary form alone in 5.1 per cent; while temporary care and observation, followed by court commitment, was used in 1.6 per cent of cases.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State Hospitals for mental diseases during 1931:

Percentage Distribution in Legal Status of all Cases Admitted for the First Time and all Readmissions, 1931.

	All Cases Admitted for First Time	All Readmitted Cases
Court Commitment	28.0	24.9
Temporary Care	26.8	23.4
Observation	7.2	10.8
Voluntary	3.4	5.1
Temporary Care and Court Commitment	18.8	23.3
Temporary Care, Observation and Court Commitment	2.9	1.6
Observation and Court Commitment	8.0	5.2
Others and Court Commitment . . . . .	.3	.2
Other Combinations	4.6	5.5
Total	100.0	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient.

With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case; yet we observe that the court commitment form was used less in committing readmissions than in committing first admissions, 24.9 per cent of readmissions, as compared with 28.0 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 23.3 per cent of readmissions, and in a smaller proportion of first admissions, 18.8 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions; yet we observe that the observation form was used in 10.8 per cent of readmissions, and in but 7.2 per cent of first admissions. Again in considering the voluntary form of admission, we see that readmissions used this form in 5.1 per cent of cases, while first admissions used it in the proportion of 3.4 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 26.8 per cent of first admissions, and 23.4 per cent of readmissions. The combination of observation admission and court commitment was used in 8.0 per cent of first admissions and 5.2 per cent of readmissions.

TABLE 19. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1931, by Hospital — Number and Percentage Distribution.*

LEGAL STATUS	TOTAL.		BOSTON STATE.		BOSTON PSYCHOPATHIC.		DANVERS.		FOXBOROUGH.		GARDNER.		GRAFTON.		MEDFIELD.		NORTH-AMPTON.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,534	28.0	256	47.9	—	—	154	23.9	78	45.9	31	32.0	42	75.0	73	52.5	178	43.7
Temporary Care	1,466	26.8	80	15.0	1,178	74.2	106	16.5	6	3.5	9	9.3	—	—	7	5.1	16	3.9
Observation	393	7.2	18	3.3	174	11.0	39	6.1	11	6.5	—	—	—	—	1	0.7	21	5.2
Voluntary	184	3.4	—	—	5	0.3	—	—	—	—	7	7.2	—	—	2	1.4	2	0.5
Temporary Care and Court	1,028	18.8	136	25.5	123	7.8	241	37.4	27	15.9	31	32.0	2	3.6	33	23.8	120	29.5
Temporary Care, Observation and Court	157	2.9	18	3.4	15	0.9	27	4.2	5	2.9	4	4.1	1	1.8	2	1.4	24	5.9
Observation and Court	436	8.0	16	3.0	—	—	51	7.9	33	19.4	6	6.2	11	19.6	16	11.5	33	8.1
Others and Court	14	0.3	3	0.6	4	0.2	—	—	—	—	1	1.0	—	—	—	—	—	—
Other Combinations	252	4.6	7	1.3	88	5.6	26	4.0	10	5.9	8	8.2	—	—	5	3.6	13	3.2
Total	5,464	100.0	534	100.0	1,587	100.0	644	100.0	170	100.0	97	100.0	56	100.0	139	100.0	407	100.0

LEGAL STATUS.	TAUNTON.		WEST-BOROUGH.		WORCESTER.		MONSON.		McLEAN.		BRIDGE-WATER.		TEWESBURY.		U. S. VETERANS' No. 107.		U. S. VETERANS' No. 95.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	142	33.7	232	66.5	194	32.4	46	25.8	14	12.7	46	79.3	33	100.0	5	11.9	10	24.4
Temporary Care	26	6.2	5	1.4	23	3.8	1	0.6	9	8.2	—	—	—	—	—	—	—	—
Observation	30	7.1	12	3.4	74	12.4	130	73.0	1	0.9	12	20.7	—	—	—	—	—	—
Voluntary	4	1.0	1	0.3	7	1.2	—	—	16	14.6	—	—	—	—	3	7.1	7	17.1
Temporary Care and Court	101	24.0	17	4.9	108	18.1	—	—	46	41.8	—	—	—	—	25	59.5	18	43.9
Temporary Care, Observation and Court	16	3.8	6	1.7	31	5.2	—	—	7	6.4	—	—	—	—	1	2.4	2	4.9
Observation and Court	86	20.4	68	19.5	112	18.7	—	—	1	0.9	—	—	—	—	1	2.4	1	2.4
Others and Court	—	—	1	0.3	—	—	—	—	3	2.7	—	—	—	—	—	—	—	—
Other Combinations	16	3.8	7	2.0	49	8.2	1	0.6	13	11.8	—	—	—	—	6	14.3	3	7.3
Total	421	100.0	349	100.0	598	100.0	178	100.0	110	100.0	58	100.0	33	100.0	42	100.0	41	100.0

TABLE 20. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1931; Number and Percentage Distribution.*

LEGAL STATUS.	TOTAL.		BOSTON STATE.		BOSTON PSYCHOPATHIC.		DANVERS.		FOXBOROUGH.		GARDNER.		GRAFTON.		MEDFIELD.		NORTH-AMPTON.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	374	24.9	39	27.3	—	—	39	20.9	20	39.2	6	26.1	7	63.6	15	32.6	46	43.4
Temporary Care.	351	23.4	27	18.9	254	77.7	36	19.3	—	—	5	21.8	—	—	4	8.7	2	1.9
Observation.	160	10.8	26	18.2	41	12.6	13	6.9	9	17.6	—	—	3	27.3	9	19.5	—	—
Voluntary	77	5.1	—	—	6	1.8	—	—	—	—	—	—	—	—	—	—	—	—
Temporary Care and Court	348	23.3	33	23.1	3	—	68	36.4	14	27.5	1	4.3	1	9.1	15	32.6	51	48.1
Temporary Care, Observation and Court	24	1.6	—	—	1	—	3	3.2	1	2.0	—	—	—	—	—	—	4	3.8
Observation and Court	78	5.2	8	5.6	—	—	11	5.9	2	3.9	1	4.3	—	—	1	2.2	2	1.9
Others and Court	5	.7	1	.7	1	.3	—	—	—	—	1	4.3	—	—	—	—	—	—
Other Combinations	83	5.5	9	6.2	21	6.4	14	7.4	2	3.9	1	4.3	—	—	1	2.2	1	.9
Total	1,500	100.0	143	100.0	327	100.0	187	100.0	51	100.0	23	100.0	11	100.0	46	100.0	106	100.0

LEGAL STATUS.	TAUNTON.		WEST-BOROUGH.		WORCESTER.		MONSON.		MCLEAN.		BRIDGE-WATER.		TEWKSBURY.		U. S. VETERANS' No. 107.		U. S. VETERANS' No. 95.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	40	31.5	57	51.8	60	39.5	21	42.0	3	5.8	9	47.4	9	100.0	2	3.6	1	3.2
Temporary Care.	7	5.5	4	3.6	5	3.3	—	—	1	1.9	—	—	—	—	5	8.9	1	3.2
Observation.	7	5.5	22	20.0	17	11.2	—	—	1	1.9	10	52.6	—	—	1	1.8	1	3.2
Voluntary	5	3.9	—	—	1	.9	28	56.0	25	48.1	—	—	—	—	4	7.1	4	12.9
Temporary Care and Court	35	27.6	8	7.3	37	24.3	—	—	15	28.8	—	—	—	—	39	69.7	21	67.8
Temporary Care, Observation and Court	6	4.7	—	—	5	3.3	—	—	—	—	—	—	—	—	—	—	1	3.2
Observation and Court	19	15.0	17	15.5	17	11.2	—	—	—	—	—	—	—	—	—	—	—	—
Others and Court	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	8	6.3	2	1.8	10	6.6	1	2.0	1	1.9	—	—	—	—	5	8.9	2	6.5
Total	127	100.0	110	100.0	152	100.0	50	100.0	52	100.0	19	100.0	9	100.0	56	100.0	31	100.0

FORMS OF ADMISSION OF ALL FIRST AND READMISSIONS.

Table 21 shows the number and percentage distribution of all first and readmissions during 1931 by psychoses and form of admission. Among the first admissions it will be observed that the senile psychoses show the largest percentage admitted under a court commitment, 92.6 per cent. The second position is held by psychoses with cerebral arteriosclerosis, with 87.2 per cent. In the readmissions the largest percentage admitted under a court commitment are cases with involution melancholia, 88.9 per cent. The second highest group among the readmissions comprise the senile cases, with 85.0 per cent.

With the exception of the cases on which the diagnosis was deferred, the largest percentage of cases admitted under temporary care among the first admissions are the undiagnosed and psychoneuroses and neuroses, 69.9 per cent and 51.1 per cent. In the readmissions the undiagnosed psychoses again show the highest percentage, 77.4 per cent, while the psychoses due to drugs take second place with 45.4 per cent.

It is interesting to note that cases without psychoses show a high percentage of patients admitted under observation in both the first admissions and the readmissions, 34.4 per cent and 41.8 per cent, respectively. Excluding the psychoses with brain tumor, which includes only one case, the alcoholic psychoses show a high percentage among the first admissions, 17.3 per cent. Psychoses due to drugs take second place among readmissions for observation, 36.4 per cent.

The highest percentage of first admissions who enter the institution on a voluntary status are cases with epileptic psychoses, 35.8 per cent. The percentage of this psychosis is also high among voluntary readmissions, 23.2 per cent. Cases of psychoneuroses and neuroses also show a high percentage of voluntary admissions among both the first and readmissions to State hospitals, 18.8 per cent and 24.4 per cent respectively.

Among all clinical groups it will be observed that admissions by court commitment predominate in both first and readmissions, with temporary care coming next in order of importance. Readmission cases show a much higher percentage of observation and voluntary admissions than do the first admissions. Readmissions have 13.6 per cent of cases admitted under observation as against 9.9 per cent for first admissions, and 7.4 per cent of cases admitted under a voluntary status as compared with 4.8 per cent of first admissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS.

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 22 shows that the number of cases admitted for the first time comprise 3,144, or 79.5 per cent of the total admitted under court commitment during 1931. Eight and eight tenths per cent were admitted for the second time; 5.5 per cent for the third time; 2.7 per cent for the fourth time; and 1.4 per cent for the fifth time. It is observed that .1 per cent had their tenth or higher admission during the year. Roughly, we may say that 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for this one year. The average number of times admitted was 1.46 for both sexes.

Table 23 gives the average number of times admitted for all court admissions during the year, by psychoses. This table reveals to us the tendency for readmission, which is exhibited in certain of the psychoses. The highest averages for number of times admitted are as follows: manic-depressive, 2.12; psychoses with psychopathic personality, 2.09; dementia praecox, 1.58; and cases without psychoses, 1.52. The lowest averages are observed in senile psychoses, 1.08; psychoses with cerebral arteriosclerosis, 1.07; and psychoses with brain tumor and pellagra, 1.00 each.

¹Whereas the total number of first regular court admissions to State Hospitals and McLean is 3,080, in the following tables U. S. Veterans' Hospital No. 107 at Bedford and No. 95 at Northampton are added making a grand total of 3,144 first regular court commitments. The total readmissions has increased from 745 to 809. The two Veterans' Hospitals above were added to the statistical system of the Department of Mental Diseases during the statistical year 1928, and will be considered in all future analyses of the statistics on mental diseases in this State.

TABLE 22. — *Number of Times Admitted, All Court Commitments,¹ 1931; Percentage Distribution.*

NUMBER OF TIMES ADMITTED.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
One.	1,617	1,527	3,144	79.3	79.8	79.5
Two	185	163	348	9.1	8.5	8.8
Three	117	100	217	5.7	5.3	5.5
Four	55	51	106	2.7	2.6	2.7
Five	27	27	54	1.3	1.5	1.4
Six	17	22	39	.8	1.2	1.0
Seven	7	12	19	.3	.6	.4
Eight	8	2	10	.4	.1	.3
Nine	8	2	10	.4	.1	.3
Ten or more	—	6	6	—	.3	.1
Total	2,041	1,912	3,953	100.0	100.0	100.0
Average Number of Times Admitted	1.46	1.46	1.46			

¹All first admissions and readmissions by court commitment.TABLE 23. — *Average Number of Times Admitted, All Court Commitments,¹ 1931 by Psychoses.*

PSYCHOSES.	Number.	Average Number of Times Admitted.
Traumatic.	17	1.30
Senile	280	1.08
With cerebral arteriosclerosis	644	1.07
General paralysis	233	1.18
With cerebral syphilis	25	1.12
With Huntington's chorea	—	—
With brain tumor	3	1.00
With other brain or nervous diseases	66	1.29
Alcoholic	238	1.34
Due to drugs and other exogenous toxins	20	1.30
With pellagra	4	1.00
With other somatic diseases	122	1.08
Manic-depressive	623	2.12
Involution melancholia	118	1.32
Dementia praecox	999	1.58
Paranoia or paranoid conditions	103	1.29
Epileptic psychoses	52	1.48
Psychoneuroses and neuroses	38	1.50
With psychopathic personality	45	2.09
With mental deficiency	191	1.43
Undiagnosed psychoses	52	1.21
Without psychoses	80	1.52
Total	3,953	1.46

¹All first admissions and readmissions by court commitment.

SEASONAL VARIATION IN ALL TYPES OF ADMISSIONS.

The seasonal variation in all admissions to mental hospitals, including all types of admission, is shown in Table 24. In considering all types of admissions together, we see that during the last statistical year the month of admission with the highest figure is that of July, with 9.5 per cent. The month showing the fewest admissions is that of November, with 7.1 per cent. This is in accordance with the same data for 1930 which showed the highest admission month as July and the lowest admission month as November.

First admissions under court commitment show the high admission month to be April, with 9.4 per cent. The lowest proportion occurred in November, 6.7 per cent. Readmissions under court commitment have May as the high month, with 9.8 per cent, and October as the low month, with 5.8 per cent. Admissions under all temporary forms have July as the high month, with 10.1 per cent, and December as the low month, with 7.2 per cent. All voluntary admissions show the highest proportion during the months of May and July, with 11.4 per cent each. The low

month for this group is October, with 6.0 per cent. In considering seasonal variation, it is necessary to divide the cases into various types of admission insofar as many different factors operate in the selection of the particular type of admission to suit the individual patient.

TABLE 24. — *Seasonal Variation in Month of Admission, All Admissions, 1931, by Type of Admission; Number and Percentage Distribution.*¹

MONTH OF ADMISSION.	All Admissions.		COURT COMMITMENT				All Temporary Admissions. ²		All Voluntary Admissions.	
			First Admissions.		Read-missions.					
	No.	%	No.	%	No.	%	No.	%	No.	%
1930										
October	552	7.9	266	8.4	48	5.8	216	8.3	22	6.0
November	494	7.1	211	6.7	67	8.1	190	7.3	26	7.1
December	541	7.8	257	8.1	74	8.9	186	7.2	24	6.5
1931										
January	552	7.9	271	8.6	60	7.3	194	7.5	27	7.4
February	548	7.9	244	7.6	63	7.6	211	8.1	30	8.2
March	561	8.1	255	8.0	75	9.0	206	7.9	25	6.8
April	657	9.4	297	9.4	76	9.2	243	9.3	41	11.2
May	632	9.1	276	8.7	81	9.8	233	8.9	42	11.4
June	625	9.0	294	9.3	76	9.1	222	8.5	33	9.0
July	665	9.5	293	9.2	69	8.3	261	10.1	42	11.4
August	587	8.4	258	8.2	67	8.1	237	9.2	25	6.8
September	550	7.9	247	7.8	73	8.8	200	7.7	30	8.2
Total	6,964	100.0	3,169	100.0	829	100.0	2,599	100.0	367	100.0

¹Does not include transfers.

²All forms of temporary care, including observation.

NATIVITY AND PARENTAGE, ALL FIRST COURT AND TEMPORARY ADMISSIONS.

Table 25 and Graph I show the nativity and parentage of regular court and temporary admissions for the year 1931. According to the 1930 census, the foreign born comprised 25.2 per cent of the State population. Thirty-four and six tenths of temporary admissions during 1931 were foreign born, and 38.6 per cent of regular court admissions were foreign born. Thus, we observe an excess of foreign born to the extent of 9.4 per cent in the temporary admissions and a 13.4 per cent excess in the regular court admissions.

In regard to the native-born we see that they made up 74.8 per cent of the population in 1930. Sixty-five and four tenths per cent of temporary admissions, and 61.4 per cent of the regular court admissions during 1931 were native-born. Thus, we see a deficiency of 9.4 per cent of native-born among the temporary admissions and a deficiency of 13.4 per cent among the regular court admissions.

It appears that the use of temporary admissions is largely a matter of education insofar as we note that the temporary admissions are apparently being used to a much larger extent by the native-born population than they are by the foreign born population. That is, the temporary forms bringing a patient to the hospital during the earliest stages of his mental disease, are being made use of more commonly by the native-born. The regular court commitment, which is the form used in the course of the mental disorder and which carries a certain amount of compulsion in its execution, is more frequently used by the foreign born.

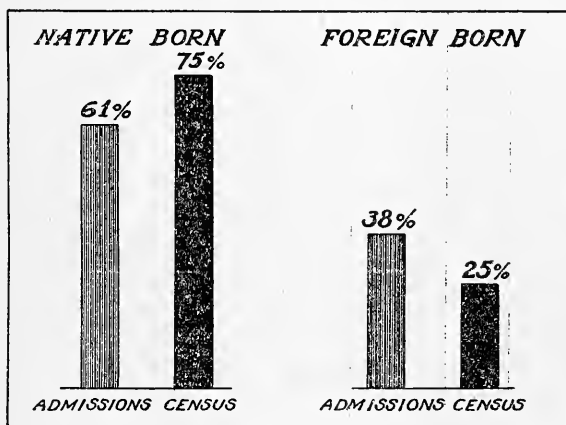
If we consider the parentage of the native-born only, as represented in admissions to our mental hospitals, and compare these with the State population, we note that both the native-born of native parents and the native-born of foreign parents are under-represented. However, the native-born of mixed parentage are over-represented in our hospital admissions for the year 1931.

ADMISSION AGES OF NATIVE AND FOREIGN BORN FIRST COURT ADMISSIONS.

Table 26 shows the percentage distribution of ages of all first regular admissions during 1931, by nativity, parentage and sex. The average age of all first admissions is 48.6; 47.9 for males and 49.3 for females. This is an increase over the average age of first admissions in 1930, the average for the latter year being 47.8 years; 47.2 for males and 48.4 for females.

TABLE 25. — *Nativity and Parentage of First Court and Temporary Care Admissions, 1931, Compare with State Population, 1930.*

	Aggregate.	Foreign Born.	Native Born.	PARENTAGE OF NATIVE BORN.			
				Native.	Foreign.	Mixed.	Unknown.
Court Admissions	3,144	1,215	1,929	810	643	384	92
Temporary Admissions ¹	2,599	900	1,699	658	584	405	52
Both Types	5,743	2,115	3,628	1,468	1,227	789	144
Percentage:							
Court Admissions	100.0	38.6	61.4	42.0	33.3	19.9	4.8
Temporary Admissions	100.0	34.6	65.4	38.7	34.4	23.8	3.1
Both Types	100.0	36.8	63.2	40.5	33.8	21.7	4.0
State Population U. S. Census 1930	100.0	25.2	74.8	45.6	38.2	16.2	—

¹Includes admissions for temporary care and observation.GRAPH 1. — *NATIVITY OF FIRST COURT ADMISSIONS, 1931, COMPARED WITH POPULATION OF MASSACHUSETTS, (U. S. CENSUS 1930).*

There is a difference of nine years between the average ages of the native-born and foreign born male first admissions, 44.3 for the male native-born, as compared with 53.8 for male foreign born. The difference between the female native and foreign born first admissions is eight years, 46.1 for the native-born and 54.2 for foreign born females. For both sexes together the difference in ages is nine years, being 45.2 for native-born and 54.0 for foreign born. It will be observed in Table 26 that the greater percentage of admissions of the native-born occur between the ages 20 and 39 years. For the foreign born, the greater percentage of admissions is somewhat higher, occurring between the ages of 40 and 54 years.

ADMISSION AGES OF NATIVE AND FOREIGN BORN, ALL TEMPORARY ADMISSIONS.

The average age in years of the 2,599 temporary admissions during 1931 is 38.4 for both sexes (Table 27). This is slightly lower than the average age of 38.9 years for 1930. When compared with first admissions, however, there is a difference of 10.2 years between all temporary admissions (38.4 years) and first regular admissions (48.6 years). We find here, too, that the foreign born have a higher average age at admission than the native-born, the difference being 9 years. The greater percentage of admissions of the native-born occurred between the years 15 and 39. The greater percentage of temporary admissions of the foreign born occurred between 35 and 54 years.

TABLE 26. — *Ages of First Court Admissions, 1931, by Nativity and Parentage; Percentage Distribution.*

AGE GROUPS.	AGGREGATE.			NATIVE BORN.						FOREIGN BORN.								
	TOTAL.			NATIVE.			PARENTAGE.			UNKNOWN.			M. F. T.					
																FOREIGN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 15 years	4	9	6	7	14	10	2	12	7	8	15	11	18	19	18	—	—	—
15-19 years	50	48	49	79	71	75	49	37	43	118	103	112	82	103	94	18	12	8
20-24 years	77	74	75	113	104	109	106	67	86	110	148	126	170	136	151	3	27	23
25-29 years	65	64	64	79	76	77	61	72	67	107	89	100	64	80	73	43	43	41
30-34 years	100	79	89	110	86	98	103	57	80	116	114	115	123	108	115	83	68	74
35-39 years	95	96	95	101	99	100	84	92	88	118	106	109	129	127	128	20	45	33
40-44 years	85	85	85	70	74	72	56	82	69	67	59	64	88	66	76	146	136	141
45-49 years	80	80	80	66	75	71	69	94	81	67	52	61	64	75	70	43	45	43
50-54 years	71	81	76	66	69	67	66	84	75	62	70	65	64	46	55	104	23	65
55-59 years	72	71	72	65	60	63	66	87	77	67	44	58	53	42	47	83	—	43
60-64 years	77	56	67	63	52	58	71	47	59	65	70	67	35	42	39	83	23	54
65-69 years	64	60	62	46	47	47	64	55	59	27	37	31	23	38	31	125	91	109
70-74 years	75	71	73	60	60	60	74	72	73	43	59	50	47	47	47	125	23	77
75-79 years	48	57	53	40	54	47	59	60	59	22	33	26	28	38	34	62	20	43
80-84 years	25	40	33	23	32	27	42	42	42	3	11	5	6	14	10	83	159	119
85-89 years	10	23	16	9	21	14	20	32	27	6	15	10	6	15	5	83	159	119
90 years and over	2	6	5	3	6	5	8	8	8	—	—	—	—	14	7	—	114	54
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	47.9	49.3	48.6	44.3	46.1	45.2	48.9	50.4	49.6	39.8	40.9	40.2	39.6	41.2	40.5	53.3	61.5	57.2

TABLE 27. — *Ages of All Temporary Admissions, 1931, by Nativity and Parentage; Percentage Distribution.*

AGE GROUPS	AGGREGATE.			NATIVE BORN.						FOREIGN BORN.													
	TOTAL.			NATIVE.			FOREIGN.			MIXED.			UNKNOWN.										
				NATIVE.			FOREIGN.			MIXED.			UNKNOWN.										
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.								
Under 15 years	2.7	2.3	2.5	4.1	3.5	3.7	4.2	3.4	3.8	2.4	3.9	2.9	5.8	3.0	4.7	12.5	3.6	7.7	1.2	3.0	—	1	
15-19 years	8.6	12.5	10.2	12.4	17.5	14.5	11.4	14.5	12.8	15.5	17.8	16.3	10.4	21.3	14.8	12.9	25.0	13.5	1.3	3.0	—	2.0	
20-24 years	8.7	9.6	9.1	11.8	12.4	12.1	10.5	10.4	10.5	12.9	16.3	14.1	12.9	12.2	12.6	4.2	7.1	15.8	2.6	4.4	3.4	2.0	
25-29 years	9.7	10.5	10.0	11.8	12.1	11.8	11.6	10.4	11.1	13.1	15.3	13.9	10.4	11.1	10.6	8.3	14.3	11.5	5.7	7.4	6.9	9.9	
30-34 years	12.2	10.8	11.6	14.3	10.1	12.4	12.5	9.4	11.1	16.3	13.3	15.2	14.1	6.7	11.1	12.5	14.3	13.4	8.3	12.1	14.4	14.8	
35-39 years	14.7	12.5	13.8	15.0	11.3	13.4	16.3	12.1	14.4	12.3	9.9	11.5	17.4	12.8	15.6	12.5	3.6	7.7	14.4	14.8	14.4	14.8	
40-44 years	11.5	10.9	11.3	8.3	8.7	8.4	8.9	10.4	9.6	7.6	5.9	7.0	8.3	10.4	9.1	12.5	—	5.8	17.4	15.4	16.6	16.6	
45-49 years	9.2	8.7	9.0	6.4	6.5	6.4	6.4	6.4	6.4	6.3	4.9	5.8	7.5	7.9	7.7	16.6	—	5.8	14.3	12.9	13.8	13.8	
50-54 years	7.8	7.4	7.6	5.0	5.3	5.1	5.0	7.4	6.1	4.2	3.9	4.1	5.0	4.3	4.7	10.7	—	5.8	13.4	11.3	12.4	12.4	
55-59 years	5.9	6.1	6.0	3.9	4.9	4.3	3.9	5.7	5.3	3.4	4.4	3.8	2.9	3.0	3.0	4.2	10.7	7.7	9.7	8.2	9.1	9.1	
60-64 years	4.5	3.5	4.1	3.6	2.7	3.2	3.9	3.4	3.6	3.4	3.4	3.4	2.9	.6	2.0	8.3	3.6	5.8	6.2	5.0	5.7	5.7	
65-69 years	2.2	1.3	1.8	1.7	1.3	1.5	2.2	2.1	2.1	1.4	.5	1.0	1.2	1.2	1.2	4.2	7.1	1.8	3.0	1.1	2.2	2.2	
70-74 years	1.4	1.0	1.6	.8	1.7	1.2	1.1	2.1	1.5	.2	.5	.3	.8	1.8	1.2	4.2	7.1	5.8	2.5	2.2	2.3	2.3	
75-79 years	.5	.9	.6	.5	1.1	.6	1.5	1.0	.8	.8	—	.5	.4	.6	.5	—	—	—	.4	1.1	.7	.7	
80-84 years	.3	.8	.5	.3	.7	.1	.5	1.3	.9	.2	—	.2	—	—	—	—	—	—	.2	1.1	.1	.1	
85-89 years	.1	—	.1	.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.2	—	—	—	
90 years and over	—	.3	.2	—	.2	.1	—	—	—	—	—	—	—	.6	.2	—	—	—	—	.3	—	.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	38.7	38.0	38.4	35.0	34.9	35.0	36.2	37.3	36.7	33.9	31.8	33.2	34.4	34.5	34.5	41.2	35.0	37.9	45.7	43.6	44.8	44.8	44.8

AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS.

Table 28 gives the numbers of first regular court admissions for 1931, and the average admission age for certain psychoses. The highest admission age occurs in the following groups: senile psychoses, 75.0 years; psychoses with cerebral arteriosclerosis, 70.1 years; and involution melancholia, 53.2 years. The lowest average ages at admission are observed in cases with psychopathic personality, 30.7 years; dementia precox, 33.2 years; and psychoses with mental deficiency, 34.1 years.

TABLE 28. — *Average Admission Age of First Court Admissions, 1931, by Certain Psychoses.*

PSYCHOSES.	FIRST ADMISSIONS.			AVERAGE ADMISSION AGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Senile	83	180	263	73.9	75.6	75.0
With cerebral arteriosclerosis	334	275	609	69.7	70.5	70.1
General paralysis	161	42	203	47.0	44.0	46.4
Alcoholic	173	25	198	45.4	47.3	45.7
With other somatic diseases	36	79	115	54.0	46.8	49.0
Manic-depressive	168	217	385	41.0	38.7	39.7
Dementia precox	359	358	717	31.3	35.1	33.2
Involution melancholia	29	65	94	56.1	51.9	53.2
Paranoia or paranoid conditions	27	59	86	48.2	49.7	49.2
With other brain or nervous diseases	32	23	55	42.9	44.0	43.3
With mental deficiency	67	84	151	33.9	34.3	34.1
Without psychoses	42	19	61	34.0	35.0	34.3
Epileptic psychoses	17	23	40	38.2	34.3	35.9
With psychopathic personality	14	15	29	28.3	32.9	30.7
All other psychoses	75	63	138	46.7	40.1	43.7
Total	1,617	1,527	3,144	47.9	49.3	48.6

If we consider the sexes, we see that the greatest differences in average admission ages occur in the psychoses with other somatic diseases (males 54.0 years, females 46.8 years); involution melancholia, (males 56.1 years, females 51.9 years); and psychoses with psychopathic personality (males 28.3 years, females 32.9 years). For all psychoses we see that the average age for females is 1.4 years higher than that of the males, (males 47.9, females 49.3 years).

TABLE 29. — *Average Age at Admission of First Admissions by Court Commitment during 1931, by Hospital.*

HOSPITALS.	FIRST ADMISSION. COURT COMMITMENTS.			AVERAGE AGE AT ADMISSION.		
	M.	F.	T.	M.	F.	T.
Boston State	179	250	429	54.3	55.8	55.2
Boston Psychopathic	73	69	142	37.9	33.7	35.8
Danvers	249	224	473	48.0	49.6	48.8
Foxborough	76	67	143	48.2	46.7	47.5
Gardner	33	40	73	47.3	53.3	50.6
Grafton	28	28	56	39.1	40.0	39.5
Medfield	61	63	124	47.4	48.5	48.0
Northampton	182	173	355	46.7	47.9	47.3
Taunton	169	176	345	50.3	49.9	50.1
Westborough	135	189	324	52.1	50.9	51.4
Worcester	254	191	445	48.7	48.3	48.5
Monson	11	10	21	23.7	20.4	22.1
McLean	34	37	71	48.9	49.5	49.2
Bridgewater	46	—	46	38.8	—	38.8
Tewksbury	23	10	33	52.2	59.0	54.3
U. S. Veterans' No. 107	33	—	33	39.3	—	39.3
U. S. Veterans' No. 95	31	—	31	39.1	—	39.1
All Hospitals	1,617	1,527	3,144	47.9	49.3	48.6

The average admission age of first court admissions is given by hospital in Table 29. The highest admission ages are found at the Boston State Hospital, 55.2 years; Tewksbury, 54.3 years; Westborough State Hospital, 51.4 years; and Gardner State Colony, 50.6 years. The lowest admission age occurs at Monson with an average

age of 22.1 years. The Boston Psychopathic Hospital, and Bridgewater are next in order, the average for each being 35.8 years and 38.8 years respectively. It is quite obvious that varying problems of medical care will face those institutions that draw their admissions from the older age groups rather than the younger.

COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS.

Table 30 indicates that the largest proportion of admissions to our State Hospitals for the insane came from Canada (including Newfoundland) and Ireland, respectively. However, these countries have large representations in our population, and it becomes necessary to determine the rates based on population. The rates per 100,000 State population of the same country of birth are also outlined in Table 30.

TABLE 30. — *Country of Birth of Foreign Born First Court Admissions,¹ 1931; Rates per 100,000 State Population Same Country of Birth, 1930.*

COUNTRY OF BIRTH	PERCENTAGE.		Rates
	First Court Admissions.	State Population 1930 Census.	
Austria	1.2	.4	351.
Canada	23.4	27.3	97.
England	8.2	7.4	124.
Finland	1.3	1.2	122.
Germany	2.0	1.9	116.
Greece	1.4	1.6	101.
Ireland	22.6	15.1	170.
Italy	8.8	11.9	84.
Poland	6.0	6.8	100.
Portugal	4.3	2.4	205.
Russia	5.4	6.4	96.
Scotland	2.5	3.1	91.
Sweden	3.3	3.6	105.
Other Countries	9.6	10.9	98.
	100.0	100.0	113.

¹Number of Foreign Born First Court Admissions, 1,198.

LENGTH OF RESIDENCE IN UNITED STATES OF FOREIGN BORN FIRST COURT AND ALL TEMPORARY ADMISSIONS.

As Table 31 indicates, by far the greater proportion of our foreign born admissions have been resident in this country for a period of 15 years and over. This is true both for first regular and all temporary foreign born admissions. If the data in this table is compared with that of Tables 26 and 27 in which we noted the higher average age of foreign born admissions, we see a probable reason for the higher ages noted in those tables. The foreign born who come to this country comprise chiefly the adult age groups. When we add to this the fact that the great majority of these foreign born patients have been resident in this country for a period of 15 years or more before admission, we see the reason for the higher admission ages.

TABLE 31. — *Length of Residence in the United States of Foreign Born Admissions, 1931; Percentage Distribution.*

TIME IN UNITED STATES.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ¹					
	Number.			Percentage.			Number.			Percentage.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	12	9	21	1.9	1.6	1.8	16	14	30	3.0	3.8	3.4
5-9 years	10	10	20	1.7	1.7	1.7	23	22	45	4.3	6.1	5.0
10-14 years	11	15	26	1.8	2.6	2.1	17	18	35	3.4	4.9	3.9
15 years and over	578	553	1,131	94.6	94.1	94.4	472	310	782	89.3	85.2	87.7
Total	611	587	1,198	100.0	100.0	100.0	528	364	892	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

CITIZENSHIP OF ALL ADMISSIONS.

Table 32 gives the citizenship of all admissions for 1931, and shows that 65.2 per cent of all admissions were citizens by birth. The 1930 census presents 74.8 per cent citizens by birth. This reveals that the native-born are under-represented in considering all admissions to mental hospitals for this particular year. The foreign born made up 29.8 per cent of all admissions for 1931. This is an excess over the proportion of foreign born in the population, which is recorded as 25.2 per cent.

TABLE 32. — *Citizenship of All Admissions, 1931; Compared with State Population, 1930.*¹

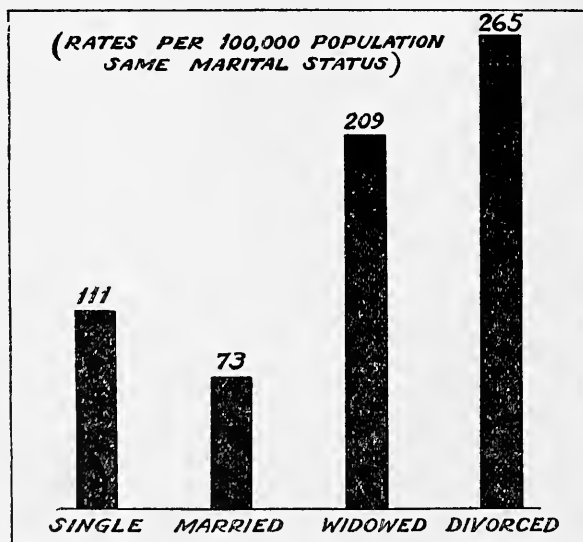
CITIZENSHIP.	TOTAL.		MALES.		FEMALES.		State Population 1930.
	Number.	Percent.	Number.	Percent.	Number.	Percent.	
Citizens by Birth	5,663	65.2	3,145	66.1	2,518	64.0	74.8
Foreign Born	2,589	29.8	1,397	29.4	1,192	30.3	25.2
Citizens by Naturalization . .	1,131	13.0	627	13.2	504	12.7	—
Aliens	1,458	16.8	770	16.2	688	17.5	—
Citizenship Unknown	436	5.0	214	4.5	222	5.7	—
Total	8,688	100.0	4,756	100.0	3,932	100.0	100.0

¹This table includes all cases admitted to mental hospitals, irrespective of legal status of admission. Includes transfers.

There are no great differences between the sexes. Proportionately, more native-born males (66.1 per cent) are admitted than native-born females (64.0 per cent). Among the aliens, we see a tendency for a greater proportion of females admitted (17.5 per cent) than males, (16.2 per cent).

MARITAL CONDITION OF FIRST COURT AND TEMPORARY ADMISSIONS.

The marital status of all first regular court and temporary admissions is outlined in Tables 33 and 34 respectively, and Graph 2. Rates per 100,000 State population of the same marital status are also shown. It will be observed that the rates of admission for both regular court and temporary care cases are higher for single than for married patients; 111.1 for the single and 73.4 for the married (first regular court admissions), and 113.0 for the single and 61.4 for the married (all temporary admissions).



GRAPH 2. — MARITAL CONDITION OF FIRST ADMISSIONS, 1931.
RATES PER 100,000 OF SAME MARITAL CONDITION IN
MASSACHUSETTS POPULATION (U. S. CENSUS 1930).

TABLE 33. — *Marital Status of First Court Admissions, 1931; Rates per 100,000 State Population Same Marital Status, U. S. Census, 1930.*

MARITAL STATUS.	NUMBER.			PERCENT DISTRIBUTION			RATE PER 100,000 OF SAME MARITAL STATUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	703	517	1,220	43.5	33.9	38.8	128.8	93.6	111.1
Married ¹	667	611	1,278	41.3	40.0	40.7	76.6	70.2	73.4
Widowed	187	346	533	11.6	22.7	16.9	258.2	190.2	209.6
Divorced	38	30	68	2.3	1.9	2.2	358.1	199.7	265.3
Separated	18	21	39	1.1	1.4	1.2	—	—	—
Unknown	4	2	6	.2	.1	.2	142.4	105.3	127.4
Total	1,617	1,527	3,144	100.0	100.0	100.0	107.6	94.2	100.6

¹Rate includes "married" and "separated".TABLE 34. — *Marital Status of All Temporary Admissions, 1931; Rates per 100,000 State Population Same Marital Status, U. S. Census, 1930.*

MARITAL STATUS.	NUMBER.			PERCENT DISTRIBUTION			RATE PER 100,000 OF SAME MARITAL STATUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	786	455	1,241	51.0	43.1	47.7	144.0	82.4	113.0
Married ¹	601	468	1,069	39.0	44.1	41.1	69.0	53.8	61.4
Widowed	84	84	168	5.5	7.9	6.5	116.0	46.1	66.0
Divorced	34	31	65	2.2	2.9	2.5	320.4	206.3	253.6
Separated	31	18	49	2.0	1.7	1.9	—	—	—
Unknown	4	3	7	.3	.3	.3	142.4	158.0	148.7
Total	1,540	1,059	2,599	100.0	100.0	100.0	102.5	65.3	83.2

¹Rate includes "married" and "separated".

There is a noticeable difference in the rate of admission of single males and single females for both forms of admission, the rate for males being perceptibly higher. In the case of the "widowed", the rate of admission under first regular court commitment is higher than the rate for either single or married patients. Here, too, there is a noticeable difference in the rates for males and for females. The highest rate for both forms of admission is shown in the "divorced" cases. These rates are not so significant as the others, however, as the numbers involved are smaller.

AVERAGE ADMISSION AGES OF FIRST COURT AND TEMPORARY ADMISSIONS.

Table 35 reveals the average age of first regular court and temporary admissions for 1931, divided in accordance with the marital status of the patient at the time of admission. In the first regular admissions, we observe that the widowed reveal the highest average admission age, 69.4 years. The married were next in order with an average of 49.9 years. The lowest average age was observed in the single group, 38.1 years. The average age of all first admissions was 48.6 years.

TABLE 35. — *Average Admission Age of First Court and Temporary Admissions, 1931, by Marital Status.*

MARITAL STATUS.	AVERAGE AGE IN YEARS.					
	FIRST COURT ADMISSIONS.			ALL TEMPORARY ADMISSIONS. ¹		
	M.	F.	T.	M.	F.	T.
Single	36.8	39.8	38.1	31.7	30.5	31.3
Married	53.6	45.9	49.9	45.3	41.2	43.5
Widowed	68.5	69.9	69.4	53.9	58.7	56.3
Divorced	49.8	47.3	48.7	44.1	38.9	41.6
Separated	50.8	48.2	49.4	41.2	40.5	40.9
Unknown	55.0	55.0	55.0	41.2	77.6	56.8
All Groups	47.9	49.3	48.6	38.7	38.0	38.4

¹Includes admissions for temporary care and observation.

In considering the admissions under temporary care, we see that essentially the same situation prevails. Again, the widowed presented the highest average age, 56.3 years, being followed by the married group, 43.5 years. Again the lowest average admission age is shown in the group who were single at the time of admission, 31.3 years. The average for all types of marital status grouped together was 38.4 years.

In the first regular admissions we observe considerable differences between the sexes. The males who are single are admitted at an age which is three years less than that of the females (males 36.8 years, females 39.8 years). The married group shows just the opposite condition in that the men are admitted at an average age which is approximately eight years higher than that of the women (males 53.6 years, females 45.9 years).

In the temporary admissions, we observe that in the single group the males average only 1 year older than the females at admission (males 31.7 years, females 30.5 years). In the married group, the males again show a higher age at admission (males 45.3 years, females 41.2 years). In the widowed group we find the females admitted 5 years later than the males (males 53.9 years, females 58.7 years). The divorced group shows the higher age at admission to occur in males, (males 44.1 years, females 38.9 years).

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 36 reveals the economic status of first regular court and temporary admissions for the year 1931. In the regular court admissions we see that the largest proportion of patients (74.2 per cent) fall in the "marginal" group. The next largest proportion of patients comes from the "dependent" class (15.3 per cent), and the smallest proportion form the "comfortable" group (7.8 per cent). In considering the temporary admissions, the largest proportion of patients again fall in the "marginal" group (90.2 per cent); 5.9 per cent are in the "dependent" group; and 1.8 per cent in the "comfortable" group. It is interesting to observe the difference between the two types of admission. There is a tendency for the temporary admissions to be made up chiefly of persons from the "marginal" economic class, while the first regular admissions show higher proportions in the "comfortable" and "dependent" groups.

TABLE 36. — *Economic Status of First Court and Temporary Admissions, 1931; Percentage Distribution.*

ECONOMIC STATUS.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ¹					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . .	267	215	482	16.5	14.1	15.3	89	65	154	5.8	6.1	5.9
Marginal . .	1,177	1,156	2,333	72.8	75.7	74.2	1,386	957	2,343	90.0	90.4	90.2
Comfortable . .	134	111	245	8.3	7.3	7.8	25	22	47	1.6	2.1	1.8
Unknown . .	39	45	84	2.4	2.9	2.7	40	15	55	2.6	1.4	2.1
Total . .	1,617	1,527	3,144	100.0	100.0	100.0	1,540	1,059	2,599	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

ENVIRONMENT OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

According to the Massachusetts census, 1930, the State of Massachusetts is predominantly "urban" in environment, (90.2 per cent). Table 37 shows that 95.1 per cent of all first regular admissions and 97.1 per cent of all temporary admissions come from an "urban" environment. Although the percentage of the population living in a "rural" environment in this State is 9.8 per cent, it will be observed in Table 37 that only 3.9 per cent of first regular admissions, and 2.0 per cent of all temporary admissions come from "rural" sections. We notice that even in Massachusetts, with a population predominantly urban, there is an excess of individuals coming from an "urban" environment.

TABLE 37. — *Environment of First Court and Temporary Admissions, 1931.*

	Total.	Urban.	Rural.	Unknown.
Number:				
First Admissions, Court Commitment.	3,144	2,991	124	29
All Temporary Admissions ¹	2,599	2,526	49	24
Percentage:				
First Admissions, Court Commitment.	100.0	95.1	3.9	1.0
All Temporary Admissions	100.0	97.1	2.0	.9
Massachusetts Census, 1930	100.0	90.2	9.8	—
Rate per 100,000 population of same environment:				
First Admissions, Court Commitment.	73.9	78.0	29.6	—
All Temporary Admissions	61.1	65.9	11.7	—

¹Includes admissions for temporary care and observation.

In making a comparison with the population, we see that the admission rate per 100,000 of the population of "rural" environment is 29.6 and for the "urban" districts the rate is 78.0. Considering the temporary admissions, the admission rate per 100,000 for the "rural" districts is 11.7, and for the "urban" districts 65.9. As we consider the use of the temporary care forms as an indication of progress in public understanding of psychiatric problems, we can see that this progress is more in evidence in the cities than in the rural districts.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 38 outlines the degree of education of first and temporary admissions during 1931. As may be expected, the greater number of patients admitted to State institutions have had a common school education, with those of high school education coming next in number. We observe that 57.0 per cent of first court admissions had a common school education, 17.0 per cent attended high school, and 4.2 per cent had college work. Eight and one-tenth per cent were able to read and write, and 7.6 per cent were rated as illiterate.

TABLE 38. — *Degree of Education of First Court and Temporary Admissions, 1931; Percentage Distribution.*

DEGREE OF EDUCATION.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ¹					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	119	121	240	7.4	7.9	7.6	73	54	127	4.7	5.1	4.9
Reads and Writes	146	107	253	9.0	7.0	8.1	106	50	156	6.9	4.7	6.0
Common School	946	846	1,792	58.5	55.4	57.0	978	670	1,648	63.5	63.3	63.4
High School	247	288	535	15.3	18.9	17.0	245	219	464	15.9	20.7	17.9
College	70	61	131	4.3	4.0	4.2	80	37	117	5.2	3.5	4.5
Unknown	89	104	193	5.5	6.8	6.1	58	29	87	3.8	2.7	3.3
Total	1,617	1,527	3,144	100.0	100.0	100.0	1,540	1,059	2,599	100.0	100.0	100.0

¹Includes admissions for temporary care and observation.

The percentage of illiterates and those who read and write is higher in cases admitted on regular court commitment than for those admitted on temporary care. Inversely, the proportion of those with a common school, high school or college education is higher in the temporary care group.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS.

Table 39 gives the number and per cent of first regular admissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions (3,144 cases) 487 or 15.4 per cent were classified as being intemperate, (25.6 per cent for males and 4.7 per cent for females). We observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Next in order we observe the psychoses due to drugs with 38.8 per cent, and the traumatic psychoses with 33.3 per cent. The lowest percentages for admissions with intemperate habits are observed in involution melancholia (4.2 per cent), the senile psychoses, (4.9 per cent), and psychoses with other brain or nervous diseases, 5.4 per cent.

TABLE 39. — *First Court Admissions Classified as Intemperate in the Use of Alcohol, 1931; Percentage Distribution.*¹

PSYCHOSES.	NUMBER — FIRST ADMISSIONS.			NUMBER INTEMPERATE.			PERCENTAGE INTEMPERATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	2	15	4	1	5	30.8	50.0	33.3
Senile	83	180	263	11	2	13	13.2	1.1	4.9
With cerebral arteriosclerosis	334	275	609	53	11	64	15.8	4.0	10.5
General paralysis	161	42	203	32	4	36	19.8	9.5	17.7
With cerebral syphilis	18	4	22	2	—	2	11.1	—	9.0
With Huntington's chorea	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	3	—	—	—	—	—	—
With other brain or nervous diseases	32	23	55	3	—	3	9.3	—	5.4
Alcoholic	173	25	198	173	25	198	100.0	100.0	100.0
Due to drugs and other exogenous toxins	8	10	18	4	3	7	50.0	30.0	38.8
With pellagra	2	2	4	1	—	1	50.0	—	25.0
With other somatic diseases	36	79	115	11	4	15	30.5	5.0	13.0
Manic-depressive	168	217	385	25	3	28	14.8	1.3	7.2
Involution melancholia	29	65	94	3	1	4	10.3	1.5	4.2
Dementia praecox	359	358	717	48	9	57	13.3	2.5	7.9
Paranoia or paranoid conditions	27	59	86	7	1	8	25.9	1.6	9.3
Epileptic psychoses	17	23	40	5	—	5	29.4	—	12.5
Psychoneuroses and neuroses	10	18	28	2	1	3	2.0	5.5	10.7
With psychopathic personality	14	15	29	1	3	4	7.1	20.0	13.7
With mental deficiency	67	84	151	7	3	10	10.4	3.5	6.6
Undiagnosed psychoses	23	25	48	7	1	8	30.4	4.0	16.6
Without psychoses	42	19	61	16	—	16	38.0	—	26.2
Total	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4

¹These percentages are based upon the total of each psychosis of first admissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS 1917-1931.

Table 40 reveals the numbers of first regular admissions by years, and also states the numbers and percentages considered as intemperate for these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920 (10.6 per cent). After 1920 we observe a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentage for 1928 and 1929 remained the same, 16.7 per cent for both years. In 1930 there was a slight decrease to 16.2 per cent, while in 1931 there was a still further decrease to 15.4 per cent.

TABLE 40. — *First Court Admissions, 1917-1931, Classified as Intemperate in the Use of Alcohol; Percentage Distribution.*¹

YEAR.	TOTAL FIRST ADMISSIONS.			NUMBER INTEMPERATE.			PERCENT OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,959	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals, Northampton No. 95 and Bedford No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

Interesting sex differences are observed in the percentage of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 25.6 in 1931. The females de-

creased from 12.2 per cent in 1917 to 4.7 per cent in 1931. Roughly, this is a 37 per cent decrease for the males and a 60 per cent decrease for the females.

PSYCHOSES IN FIRST COURT ADMISSIONS, COURT READMISSIONS,
TEMPORARY ADMISSIONS, AND OBSERVATION ADMISSIONS.

Table 41 shows the number and percentage of all psychoses for all forms of admission. When all types of admission are grouped together, the highest percentages are shown to occur in dementia praecox, 19.7 per cent; manic-depressive, 14.1 per cent; without psychoses, 12.9 per cent; and psychoses with cerebral arteriosclerosis, 11.3 per cent. The lowest percentages for all types of admissions are observed in psychoses with cerebral syphilis, .5 per cent; traumatic psychoses, .4 per cent; psychoses with brain tumor, .1 per cent; and psychoses with pellagra, .1 per cent.

The most common diagnoses found in first regular admissions are as follows: dementia praecox, 22.8 per cent; cerebral arteriosclerosis, 19.4 per cent; manic-depressive, 12.2 per cent; senile psychoses, 8.4 per cent; and general paralysis, 6.4 per cent.

The most common diagnoses found in regular court readmissions are: dementia praecox, 34.9 per cent; manic-depressive, 29.4 per cent; alcoholic psychoses, 4.9 per cent; psychoses with mental deficiency, 4.9 per cent; and cerebral arteriosclerosis, 4.4 per cent. As is to be expected, the great majority of readmission cases comprise patients with dementia praecox and manic-depressive psychoses.

With regard to patients admitted on a temporary form, the most common diagnoses outline themselves as follows: without psychoses, 20.5 per cent; dementia praecox, 13.8 per cent; manic-depressive psychoses, 13.7 per cent; undiagnosed psychoses, 10.7 per cent; and alcoholic psychoses, 10.4 per cent.

In considering the admissions for observation, we note that the largest percentage admitted under this form are cases without psychoses, 51.7 per cent; alcoholic psychoses, 11.9 per cent; manic-depressive psychoses, 6.3 per cent; and dementia praecox, 4.5 per cent.

It is interesting to observe the tendency for certain of the psychoses to present relatively larger proportions in first admissions as compared with readmissions. We notice this particularly in the psychoses with cerebral arteriosclerosis, and general paralysis. Psychoses which present relatively larger proportions among the readmissions are: manic-depressive psychoses, and dementia praecox.

The tendency with regard to the frequency of certain psychoses in the various form of admission groups remains the same for cases admitted during 1931 as in the year 1930. That is, we find practically the same predominance of certain psychoses admitted as first court admissions, court readmissions, temporary care admissions and observation admissions.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS,
1917-1931.

Tables 42A to 42H inclusive show the percentage of first admissions for certain psychoses over the period of years 1917-1931 inclusive. Only those psychoses which were most important numerically are represented. These figures began in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses.

Table 42A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1931. While the highest percentages occur in the years 1920 and 1921, we observe a slight tendency for the last five or six years to run a trifle higher than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the fifteen-year period 9.1 per cent of all first court admissions were cases with senile psychoses. It will be observed that the percentage of females is almost twice that of the males for this psychosis.

TABLE 41. — *First Admissions, Readmissions, Temporary Care and Observation Admissions, 1931, by Psychoses; Percentage Distribution. — Concluded.*

PSYCHOSES.	COURT READMISSIONS.						TEMPORARY CARE ADMISSIONS.						OBSERVATION ADMISSIONS.					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	5	—	2	4	—	4	4	—	4	2	5	2	4	—	3
Senile	5	12	17	1.2	3.1	2.1	7	8	15	3.7	1.0	.8	8	9	9	1.0	1.8	1.3
With cerebral arteriosclerosis	19	16	35	4.5	4.2	4.4	33	41	74	3.2	4.9	4.0	13	21	34	1.5	5.8	2.8
General paralysis	23	7	30	5.4	1.8	3.7	36	10	46	3.5	1.2	2.5	11	4	15	2.1	1.8	2.0
With cerebral syphilis	1	2	3	.2	.5	.4	5	4	9	.5	.5	.5	2	—	2	.4	—	.3
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	1	—	1	1	—	—	1	—	1	2	—	1
With other brain or nervous diseases	6	5	11	1.4	1.3	1.4	22	17	39	2.2	2.0	2.1	10	5	15	1.9	2.2	2.0
Alcoholic	36	4	40	8.5	1.0	4.9	171	21	192	16.8	2.5	10.4	83	6	89	15.9	2.7	11.9
Due to drugs and other exogenous toxins	—	2	2	—	.5	.2	12	23	35	1.2	2.8	1.9	9	3	12	1.7	1.3	1.6
With pellagra	4	3	7	.9	.8	.9	21	37	58	2.1	4.4	3.1	7	12	19	1.3	5.3	2.5
With other somatic diseases	106	132	238	25.0	34.4	29.4	141	112	253	13.9	13.4	13.7	27	20	47	5.2	8.8	6.3
Manic-depressive	12	12	24	2.8	3.1	3.0	9	23	32	3.9	2.8	1.7	3	3	6	1.6	1.3	.8
Involution melancholia	149	133	282	35.2	34.5	34.9	117	139	256	11.4	16.7	13.8	17	17	34	3.3	7.5	4.5
Dementia praecox	9	8	17	2.1	2.1	2.1	24	34	58	2.4	4.1	3.1	8	7	15	1.5	3.1	2.0
Paranoia or paranoid conditions	6	6	12	1.4	1.6	1.5	18	10	28	1.8	1.2	1.5	4	3	7	.8	1.3	.9
Epileptic psychoses	5	5	10	1.2	1.3	1.2	42	43	85	4.1	5.1	4.6	8	8	16	1.5	3.5	2.1
Psychoneuroses and neuroses	7	9	16	1.7	2.3	2.0	6	10	16	1.6	1.2	1.5	6	3	9	1.1	1.3	1.3
With psychopathic personality	18	22	40	4.3	5.7	4.9	100	99	199	8.8	11.9	10.7	15	7	22	2.9	3.1	2.9
With mental deficiency	1	3	4	.2	.8	.5	213	166	379	20.9	19.9	20.5	282	105	387	54.0	46.5	51.7
Undiagnosed psychoses	15	4	19	3.5	1.0	2.3	20	23	43	1.9	2.8	2.3	3	2	5	.6	.9	.7
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	424	385	809	100.0	100.0	100.0	1,018	833	1,851	100.0	100.0	100.0	522	226	748	100.0	100.0	100.0

TABLE 42A. — *Number and Percentage with Senile Psychoses First Admissions, 1917-1931.*¹

YEAR.	SENILE PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
1931	83	180	263	5.1	11.8	8.4
Total	1,631	2,754	4,385	6.4	12.0	9.1

¹Tables 42A-42H include all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Hospitals, Northampton No. 95, and Bedford No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis.

Table 42B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1931. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 19.4 per cent in 1931. Insofar as the proportion of cases given this clinical diagnosis has almost tripled in the fifteen-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are consistent throughout the entire period 1917-1931.

During the fifteen-year period 11.7 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. The males again average two per cent higher than the females.

TABLE 42B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1931.*

YEAR.	CEREBRAL ARTERIOSCLEROSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
1931	334	275	609	20.7	18.0	19.4
Total	3,167	2,447	5,614	12.5	10.7	11.7

General Paralysis.

Table 42C gives the percentages of first admissions diagnosed with general paralysis for the years 1917-1931. The highest proportion with general paralysis is noted in the year 1924, 8.8 per cent. The lowest proportions are observed in 1928 and 1931, 6.4 per cent. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

There is a marked sex difference in this psychosis, general paralysis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined. During the fifteen-year period general paralysis comprised 7.5 per cent of first court admissions.

TABLE 42C. — *Number and Percentage with General Paralysis, First Court Admissions, 1917-1931.*

YEAR.	GENERAL PARALYSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
1931	161	42	203	9.9	2.7	6.4
Total	2,902	715	3,617	11.5	3.1	7.5

Alcoholic Psychoses.

Table 42D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1931. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1931 there has been considerable fluctuation, the proportion of alcoholic psychoses in the latter year remaining at 6.3 per cent.

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having an alcoholic psychosis. In 1931 this decreased to 1.7 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In 1931 this had decreased to 10.7 per cent. The alcoholic psychoses comprised 7.2 per cent of first court admissions during the fifteen years under consideration.

TABLE 42D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1931.*

YEAR.	ALCOHOLIC PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
1931	173	25	198	10.7	1.7	6.3
Total	2,924	538	3,462	11.6	2.3	7.2

Dementia Praecox.

Table 42E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1931. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 3 per cent higher than the males.

It is interesting to observe that over the period 1917-1931 dementia praecox patients have comprised almost one-fourth of our total first court admissions to State hospitals, by far the largest percentage of any of the important psychoses under consideration.

TABLE 42E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1931.*

YEAR.	DEMENTIA PRAECOX.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
1931	359	358	717	22.2	23.4	22.8
Total	5,623	5,663	11,286	22.3	24.8	23.5

Manic-Depressive Psychoses.

Table 42F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1931. The lowest proportion of first admissions diagnosed as manic-depressive psychosis occurred in the year 1919, 8.1 per cent. The highest proportion is noted in the year 1929, 12.8 per cent. There appears to be a rather consistent increase in the proportions of cases with this diagnosis, although the percentage decreased to 11.1 in 1930. There was a rise in 1931, however, to 12.2 per cent. The sexes show a marked difference in the preponderance of cases among the females. We might say that approximately twice as many females as males are diagnosed manic-depressive. Cases with this diagnosis comprised 10.6 per cent of all first court admissions over the fifteen-year period.

TABLE 42F. — *Number and Percentage with Manic-Depressive Psychoses, First Court Admissions, 1917-1931.*

YEAR.	MANIC-DEPRESSIVE PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
1931	168	217	385	10.4	14.2	12.2
Total	2,001	3,113	5,114	7.9	13.6	10.6

Psychoses with Other Somatic Diseases.

Table 42G gives the percentages of first admissions diagnosed as psychoses with other somatic diseases for the years 1917-1931. The lowest proportion of cases with this psychosis occurred in 1917, 2.1 per cent, and the highest proportion in 1927, 4.2 per cent. The numbers of cases involved are so small, however, that they render further discussion inadvisable. This psychosis tends to occur in females in higher proportions than in males, the ratio being approximately 2:1.

TABLE 42G. — *Number and Percentage of Psychoses with Other Somatic Diseases, First Court Admissions, 1917-1931.*

YEAR.	PSYCHOSES WITH OTHER SOMATIC DISEASES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2
1929	44	68	112	2.8	4.6	3.7
1930	44	69	113	2.6	4.5	3.5
1931	36	79	115	2.2	5.2	3.7
Total	560	1,005	1,565	2.2	4.4	3.2

Psychoses Due to Drugs.

Table 42H gives the percentages of first admissions diagnosed as having drug psychoses for years 1917-1931. The numbers of cases coming under this heading have been very small throughout the period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

TABLE 42H. — *Number and Percentage with Drug Psychoses, First Court Admissions, 1917-1931.*

YEAR.	PSYCHOSES DUE TO DRUGS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
1931	8	10	18	0.5	0.7	0.6
Total	87	85	172	0.3	0.3	0.3

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

The percentage of psychoses in the various economic groups is shown in Table 43 for both first regular court and all temporary admissions. The largest proportion of admissions to State hospitals come from the "marginal" economic class, with the "dependent" and "comfortable" following next in order. It will be of interest

to compare the psychoses and forms of admission with the various grades of economic status.

In first regular admissions we find that the psychoses with pellagra, 50.0 per cent, the psychoses with brain tumor, 33.3 per cent, and the psychoses with mental deficiency, 29.8 per cent, comprised the larger percentages of the "dependent" economic class. In all temporary admissions the predominant psychoses in the "dependent" group are: senile psychoses, 20.8 per cent; epileptic psychoses, 14.3 per cent; and cases without psychoses, 10.1 per cent. It will be observed that the temporary cases show a much smaller proportion in the "dependent" classes than do the first regular admission cases.

TABLE 43. — *Economic Status of First Court and Temporary Care Admissions, 1931, by Psychoses; Percentage Distribution.*

PSYCHOSES.	FIRST COURT ADMISSIONS.				ALL TEMPORARY ADMISSIONS. ¹			
	De- pendent.	Mar- ginal.	Com- fortable.	Un- known.	De- pendent.	Mar- ginal.	Com- fortable.	Un- known.
Traumatic	13.3	86.7	—	—	—	100.0	—	—
Senile	28.5	58.9	6.5	6.1	20.8	66.7	8.3	4.2
With cerebral arteriosclerosis . .	17.4	71.8	5.7	5.1	6.3	86.3	3.2	4.2
General paralysis	10.8	82.3	4.9	2.0	1.6	96.8	—	1.6
With cerebral syphilis	13.6	86.4	—	—	—	100.0	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—
With brain tumor	33.3	66.7	—	—	—	100.0	—	—
With other brain or nervous diseases	25.4	67.3	5.5	1.8	3.7	88.9	1.9	5.5
Alcoholic	7.2	84.8	4.5	3.5	4.3	91.5	1.8	2.4
Due to drugs and other exoge- nous toxins	5.6	66.7	27.7	—	6.4	89.4	2.1	2.1
With pellagra	50.0	25.0	25.0	—	—	100.0	—	—
With other somatic diseases . . .	15.7	75.7	8.6	—	3.9	88.3	5.2	2.6
Manic-depressive	8.1	79.0	11.9	1.0	4.3	93.0	2.3	.4
Involution melancholia	8.5	80.9	10.6	—	7.9	92.1	—	—
Dementia praecox	13.7	76.6	7.5	2.2	2.8	95.9	1.3	—
Paranoia or paranoid condi- tions	3.5	58.1	38.4	—	—	95.9	2.7	1.4
Epileptic psychoses	27.5	67.5	2.5	2.5	14.3	85.7	—	—
Psychoneuroses and neuroses . .	7.1	92.9	—	—	4.0	94.0	1.0	1.0
With psychopathic personality . .	17.2	82.8	—	—	4.0	96.0	—	—
With mental deficiency	29.8	67.5	.7	2.0	9.3	86.0	—	4.7
Undiagnosed psychoses	8.3	81.3	10.4	—	2.7	91.4	1.4	4.5
Without psychoses	27.9	62.3	8.2	1.6	10.1	85.4	1.8	2.7
Diagnosis deferred	—	—	—	—	2.1	97.9	—	—
Total	15.3	74.2	7.8	2.7	5.9	90.2	1.8	2.1

¹Includes admissions for temporary care and observation.

With regard to first regular admissions of "marginal" economic status, we find that about one-half of the psychoses have a greater incidence in the "marginal" class than is found for the total psychoses for this economic status, 74.2 per cent. In all temporary admissions there is a still greater incidence of psychoses above the average of "marginal" status, 90.2 per cent. There are more patients of a "marginal" economic status admitted on temporary forms than on regular court commitment.

The first regular admissions show a higher percentage of patients recorded from the "comfortable" economic group than do the temporary admissions. Cases with paranoia or paranoid conditions and the psychoses due to drugs predominate in the first admission cases, while senile psychoses and psychoses with other somatic diseases predominate in the temporary admissions.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 44 shows the percentage of psychoses in education groups for first regular court and temporary care admissions for 1931. In the first regular admissions the following psychoses show a preponderance of illiterates and those who read and write: Cases without psychoses, traumatic, psychoses with mental deficiency, cerebral syphilis, alcoholic psychoses, epileptic psychoses, senile psychoses, and paranoia or paranoid conditions. Cases having psychoses with brain tumor, and psychopathic

TABLE 44. — *Degree of Education of First Court and Temporary Care Admissions, 1931, by Psychoses; Percentage Distribution.*

PSYCHOSSES.	FIRST COURT ADMISSIONS.					ALL TEMPORARY ADMISSIONS. ¹						
	Illiterate.	Reads and Writes.	Common School.	High School.	College.	Unknown.	Illiterate.	Reads and Writes.	Common School.	High School.	College.	Unknown.
Traumatic	13.3	20.0	53.3	6.7	6.7	—	—	—	83.3	16.7	—	—
Senile	8.7	11.4	53.6	9.2	2.3	14.8	4.1	4.1	62.5	16.8	—	12.5
With cerebral arteriosclerosis	9.7	7.2	58.0	9.9	3.1	12.1	8.4	4.2	57.9	8.4	6.4	14.7
General paralysis	6.9	7.9	56.2	18.2	4.4	6.4	13.1	6.6	65.6	9.8	1.6	3.3
With cerebral syphilis	22.8	4.5	50.0	18.2	—	4.5	—	18.2	72.7	9.1	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	66.7	33.3	—	—	—	—	50.0	50.0	—	—
With other brain or nervous diseases	3.6	7.3	58.2	20.0	3.6	7.3	9.3	33.3	33.3	13.0	7.4	3.7
Alcoholic	11.1	15.2	59.1	6.6	2.0	6.0	5.3	10.7	65.6	11.7	2.1	4.6
Due to drugs and other exogenous toxins	5.5	5.6	55.5	22.2	5.6	5.6	—	6.4	48.9	38.3	4.3	2.1
With pellagra	—	—	50.0	50.0	—	—	—	—	100.0	—	—	—
With other somatic diseases	6.9	5.2	58.3	21.7	3.5	4.4	1.3	5.2	67.5	13.0	6.5	6.5
Manic-depressive	4.2	4.2	52.4	29.6	7.8	1.8	3.0	3.0	57.3	26.3	9.7	.7
Involution melancholia	3.2	5.3	70.2	15.9	1.1	4.3	2.6	2.6	84.3	10.5	—	—
Dementia praecox	3.6	6.4	57.5	23.6	6.1	2.8	2.1	4.5	63.1	24.1	5.5	.7
Paranoia or paranoid conditions	8.1	11.6	67.4	7.0	4.7	1.2	2.7	2.7	72.6	17.9	2.7	1.4
Epileptic psychoses	15.0	10.0	60.0	10.0	2.5	2.5	5.7	17.1	62.9	11.4	—	2.9
Psychoneuroses and neuroses	3.6	—	53.6	35.7	—	7.1	2.0	3.0	55.3	33.7	3.0	3.0
With psychopathic personality	—	—	82.8	13.8	3.4	—	—	4.0	68.0	12.0	16.0	—
With mental deficiency	17.2	14.6	57.6	7.3	—	3.3	13.9	4.7	79.1	2.3	—	—
Undiagnosed psychoses	8.3	—	52.1	27.1	4.2	8.3	5.0	5.4	65.2	16.3	1.8	6.3
Without psychoses	24.6	24.6	36.1	11.5	—	—	6.3	5.2	65.1	16.1	4.2	3.1
Diagnosis deferred	—	—	—	—	—	—	4.2	2.1	70.8	16.7	6.2	—
Total	7.6	8.1	57.0	17.0	4.2	6.1	4.9	6.0	63.4	17.9	4.5	3.3

¹Includes admissions for temporary care and observation.

personality show a preponderance of cases having had a common school, high school or college education. Among the first regular admissions, a high school or college education is predominating in the following psychoses: psychoses with pellagra, the manic-depressive psychoses, psychoneuroses and neuroses, psychoses with brain tumor, and undiagnosed psychoses.

In all temporary admissions, the predominance of illiterate and those who read and write only is found in the psychoses with other brain or nervous diseases, epileptic psychoses, general paralysis, and cases with cerebral syphilis.

Cases with a common school or high school education predominate in the traumatic psychoses, involution melancholia, paranoia or paranoid conditions, psychoneuroses and neuroses, and the psychoses due to drugs. The psychoses showing a preponderance of cases with a college education are: psychoses with psychopathic personality, manic-depressive, psychoses with other brain or nervous diseases, and psychoses with other somatic diseases.

ADMISSION AGES OF FIRST COURT ADMISSIONS BY PSYCHOSES.

As we have seen from previous tables, the number of first regular court admissions for 1931 was 3,144: 1,617 males and 1,527 females. The average age at admission was 48.6 years: 47.9 years for males, and 49.3 years for females.

Table 45 gives the percentage distributions of admission ages for the various psychoses. We see that the modal age group for both sexes with traumatic psychoses was 30 to 34 years; for senile psychoses, 75 to 79 years. For psychoses with cerebral arteriosclerosis, this figure falls within the 70 to 74 age group; for general paralysis, 45 to 49 years; for psychoses with cerebral syphilis, 60 to 64 years. For alcoholic psychoses, the modal age was 40 to 44 years; for psychoses due to drugs and other exogenous toxins, 50 to 54 years; for psychoses with other somatic diseases, 55 to 64 years; for manic-depressive psychoses, 35 to 39 years; for dementia praecox, 20 to 24 years; for paranoia or paranoid conditions, 50 to 59 years; for epileptic psychoses, 15 to 24 years and 45 to 49 years; for psychoneuroses and neuroses, 20 to 29 years; and for psychoses with psychopathic personality, 15 to 19 years.

In considering all clinical groups, we see that the modal admission age falls in the group 35-39 years, this group accounting for 9.5 per cent of all admissions. While over 48.9 per cent of the patients admitted come to the mental hospitals between the ages of 20 to 49 years, the age distribution shows a fairly even spread up to the 75-79 year group. It will be seen that 5.3 per cent of cases admitted were over 80 years of age. Judging from this table, one might say that the first admission ages are spread out quite uniformly from the age of 20 to 79 years.

ADMISSION AGES OF ALL TEMPORARY ADMISSIONS, BY PSYCHOSES.

The total number of all temporary admissions for 1931 was 2,599; 1,540 males and 1,059 females. The average age for both sexes was 38.4 years: 38.7 years for males and 38.0 years for females. The percentage distributions of age groups of all temporary admissions for the various psychoses are outlined in Table 46.

The modal age group for both sexes for senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 70 years and over; for general paralysis 35 to 39 years. The modal age for psychoses with cerebral syphilis was 30 to 34 years; for alcoholic psychoses, 35 to 39 years; for psychoses due to drugs, 35 to 39 years; for psychoses with other somatic diseases, 55 to 59 years. The modal age for manic-depressive psychoses was 45 to 49 years; for involution melancholia, 50 to 59 years; for dementia praecox, 35 to 39 years; for paranoia or paranoid conditions, 40 to 44, and 50 to 54 years; for epileptic psychoses, 15 to 19 years; for psychoneuroses and neuroses, 35 to 39 years; for psychoses with psychopathic personality, 35 to 39 years; for psychoses with mental deficiency, 15 to 24 years; for undiagnosed psychoses, 35 to 39 years; and for cases without psychoses, 15 to 19 years.

In considering the totals for all clinical groups, we observe that the mode falls in the age group 35 to 39 years. However, in considering the admission ages of these temporary care cases, we observe that 57.2 per cent are admitted under the age of 40 years. We also note that the tendency for an even spread of admission ages up to 70 years is not observed in this type of case as it was in the first admissions.

TABLE 45. — *Admission Ages of First Court Admissions, 1931, by Psychoses; Percentage Distribution.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	30.7	—	26.6
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	100.0	100.0	100.0	—	2.4	.5	.6	2.4	1.0	—	—	—	1.2	2.4	1.4	11.2	11.9	11.3
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	5.6	—	—	—	25.0	4.5	5.6	—	4.5
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	100.0	100.0	100.0	6.3	—	3.6	—	3.1	13.1	7.3	—	—	6.3	8.7	7.3	—	4.3	1.8
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	100.0	100.0	100.0	—	—	—	—	.6	.5	2.9	—	—	3.5	—	3.0	9.8	12.0	10.1
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	10.0	5.6	12.5	10.0	11.1
Manic-depressive	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	100.0	100.0	100.0	—	1.3	.9	—	—	2.5	1.7	—	—	—	7.5	5.2	11.1	5.1	6.9
Dementia praecox	100.0	100.0	100.0	—	—	—	—	5.4	8.8	7.3	—	—	—	6.0	7.5	11.3	13.8	12.7
Paranoia or paranoid conditions	100.0	100.0	100.0	.3	.3	.3	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	100.0	100.0	100.0	—	4.3	5.0	—	11.4	6.7	9.1	—	—	18.1	14.8	16.5	18.9	14.8	16.9
Psychoneuroses and neuroses	100.0	100.0	100.0	5.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	100.0	100.0	100.0	—	—	—	—	5.9	21.7	15.0	—	—	—	13.0	7.5	11.1	11.9	11.6
With mental deficiency	100.0	100.0	100.0	7.1	6.7	6.9	—	16.7	10.7	20.0	—	—	—	13.0	7.5	11.1	11.9	11.6
Undiagnosed psychoses	100.0	100.0	100.0	—	6.0	3.3	—	28.6	20.0	24.2	—	—	20.0	16.6	17.9	30.0	5.6	14.2
Without psychoses	100.0	100.0	100.0	—	4.0	2.0	—	17.9	9.5	13.2	—	—	—	6.7	3.4	21.5	6.7	13.8
Total	100.0	100.0	100.0	4.8	10.4	6.6	—	8.7	—	4.2	—	—	10.4	10.7	10.6	10.4	11.9	11.3
								21.3	26.3	22.9	—	—	4.8	12.0	8.3	13.0	12.0	12.5
								5.1	4.7	4.9	—	—	6.5	6.4	6.5	1.0	7.9	8.9
				.4	.8	.6	—	7.7	7.4	7.5	—	—	—	—	—	—	—	—

TABLE 45. — *Admission Ages of First Court Admissions, 1931, by Psychoses; Percentage Distribution.* — Continued.

PSYCHOSES	35-39 YEARS.		40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	—	—	—	7.7	—	6.7	7.7	100.0	20.0	—	1.2	1.7	1.5
Senile	—	—	—	—	—	—	—	—	—	—	—	—	
With cerebral arteriosclerosis	—	—	—	—	—	—	1.2	3.3	2.1	3.0	4.4	3.6	
General paralysis	14.3	14.3	14.3	17.4	7.1	15.3	18.6	28.6	20.7	13.0	11.9	12.8	
With cerebral syphilis	5.6	25.0	9.2	—	—	—	22.2	—	18.2	11.0	25.0	13.6	
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	
With brain tumor	—	50.0	33.4	—	—	—	—	—	—	100.0	—	—	
With other brain or nervous diseases	3.1	8.7	5.5	12.5	13.1	12.7	12.5	8.7	10.9	15.6	17.5	16.3	
Alcoholic	17.3	16.0	17.2	19.7	12.0	18.7	15.6	24.0	16.7	8.7	20.0	10.1	
Due to drugs and other exogenous toxins	12.5	10.0	11.1	25.0	20.0	22.2	15.6	20.0	16.7	37.5	30.0	33.3	
With pellagra	—	50.0	25.0	—	—	—	—	—	—	—	—	—	
With other somatic diseases	5.6	13.9	11.3	8.3	8.9	8.7	5.6	5.1	5.2	13.9	11.4	12.3	
Manic-depressive	11.9	14.7	13.5	10.1	14.7	12.7	12.5	10.6	17.4	27.7	9.3	8.6	
Involution melancholia	3.4	6.2	5.3	3.4	7.7	6.4	6.9	21.5	17.0	27.6	32.3	30.9	
Dementia praecox	13.9	15.9	14.9	7.8	13.7	10.7	3.9	8.1	6.0	3.3	4.2	3.8	
Paranoia or paranoid conditions	7.4	5.1	5.8	7.4	10.2	9.3	25.9	10.2	15.1	22.3	20.3	20.9	
Epileptic psychoses	5.9	8.7	7.5	11.8	8.7	10.0	23.5	—	15.0	11.8	13.0	12.5	
Psychoneuroses and neuroses	20.0	5.6	10.7	—	16.6	10.7	—	5.6	3.6	10.0	11.1	10.7	
With psychopathic personality	14.3	26.7	20.7	7.1	—	3.4	—	—	—	7.1	6.7	6.9	
With mental deficiency	13.4	14.3	13.9	10.4	10.7	10.6	7.5	7.1	7.3	9.0	5.9	7.3	
Undiagnosed psychoses	4.3	12.0	8.3	8.7	16.0	12.5	13.0	8.0	10.4	8.7	4.0	6.3	
Without psychoses	16.6	5.3	13.1	11.9	10.5	11.5	2.4	10.4	4.9	4.8	5.3	4.9	
Total	9.5	9.6	9.5	8.5	8.5	8.5	8.0	8.0	8.0	7.1	8.1	7.6	
										7.2	7.1	7.2	

TABLE 45. — *Admission Ages of First Court Admissions, 1931, by Psychoses; Percentage Distribution. — Concluded.*

	60-64 YEARS.				65-69 YEARS.				70-74 YEARS.				75-79 YEARS.				80 YEARS AND OVER.			
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
Psychoses.																				
Traumatic	23.1	—	20.0		23.1	—	20.0		7.7	—	6.7		—	—	—		—	—	—	
Senile	10.8	5.5	7.2		14.5	16.1	15.6		20.5	20.0	20.2		26.5	20.6	22.4		22.9	32.8	29.6	
With cerebral arteriosclerosis	15.9	13.1	14.6		16.7	16.4	16.6		25.7	24.0	25.0		16.2	17.0	16.6		11.1	16.0	13.3	
General paralysis	8.1	4.7	7.4		1.9	2.4	2.0		1.9	—	1.5		.6	—	.5		—	—	—	
With cerebral syphilis	16.7	25.0	18.2		11.0	—	9.2		5.6	—	4.5		—	—	—		—	—	—	
With Huntington's chorea	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
With brain tumor	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
With other brain or nervous diseases	12.5	—	7.3		6.2	8.7	7.3		—	4.3	1.8		—	4.3	1.8		—	—	—	
Alcoholic	5.8	—	5.1		4.0	4.0	4.0		2.9	—	2.5		—	4.0	.5		—	—	—	
Due to drugs and other exogenous toxins	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
With pellagra	—	50.0	25.0		—	—	—		—	—	—		—	—	—		—	—	—	
With other somatic diseases	16.6	12.6	13.9		11.1	5.1	6.9		8.3	1.3	3.5		—	1.3	.9		2.8	2.6	2.6	
Manic-depressive	7.1	2.3	4.4		5.4	.5	2.6		1.2	1.9	1.6		—	—	—		—	—	—	
Involution melancholia	13.8	9.3	10.6		6.9	1.5	3.2		3.4	—	1.1		—	—	—		—	—	—	
Dementia praecox	7.6	1.9	1.1		.3	3.3	.3		—	—	—		—	—	—		.3	.3	.2	
Paranoia or paranoid conditions	7.4	8.5	8.2		—	5.0	3.5		3.7	—	1.2		—	—	—		—	—	—	
Epileptic psychoses	—	—	—		5.9	4.3	5.0		—	—	—		—	—	—		—	—	—	
Psychoneuroses and neuroses	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
With psychopathic personality	—	6.7	3.4		—	—	—		—	—	—		—	—	—		—	—	—	
With mental deficiency	1.5	1.2	1.3		—	2.4	1.3		—	—	—		—	—	—		—	—	—	
Undiagnosed psychoses	4.3	4.0	4.2		—	4.0	2.1		4.3	4.0	4.2		4.3	—	2.1		4.3	—	2.1	
Without psychoses	2.4	5.3	3.3		4.8	—	3.3		—	—	—		—	5.3	1.6		—	—	—	
Total	7.7	5.6	6.7		6.4	6.0	6.2		7.5	7.1	7.3		4.8	5.8	5.3		3.6	7.0	5.3	

Judging from the age of admission, we may say that the type of cases admitted under temporary care will probably come into the hospital under the age of 40 years.

ADMISSION AGES OF ALL COURT READMISSIONS, BY PSYCHOSES.

The total number of regular court readmissions for 1931 was 809: males 424, and females 385. The average age for both sexes was 44.2 years; for males 43.8 years, and for females 44.5 years. Table 47 gives the percentage distribution of ages of court readmissions for the various psychoses.

The modal age group for both sexes with senile psychoses and cerebral arteriosclerosis was 70 years or higher; for general paralysis, 35 to 44 years. For psychoses with other brain or nervous diseases, the modal age was under 15 years; for alcoholic psychoses, 45 to 54 years; for psychoses with other somatic diseases, 30 to 34 years; for manic-depressive psychoses, 40 to 44 years; for dementia praecox, 35 to 39 years; for epileptic psychoses, 30 to 34 years and 50 to 54 years; for psychoses with psychopathic personality, 25 to 29 years; for psychoses with mental deficiency, 35 to 39 years; for undiagnosed psychoses, 20 to 24 years; and for cases without psychoses, 30 to 34 years.

When we consider the ages of all clinical groups combined, we observe that the modal age falls in the group 35 to 39 years. This modal age is the same as that observed in both regular commitments and temporary care admissions. We observe that 67.7 per cent of the readmissions fall in the age groups 30 to 59 years.

Readmissions under 30 years of age are comparatively rare. First admissions are spread out quite uniformly between the ages of 20 and 80 years. Temporary care admissions tend to enter the hospital under the age of 40 years, and the readmissions tend to occur between the ages of 30 and 59 years. Readmissions show an unexpected decrease in the age groups 60 years and higher.

AVERAGE ADMISSION AGES OF FIRST COURT ADMISSIONS, COURT READMISSIONS, AND ALL TEMPORARY CARE ADMISSIONS, BY PSYCHOSES.

Table 48 outlines the average age at admission for first regular court admissions, temporary care admissions, and all readmissions for the year 1931, by psychoses. In considering all psychoses, we observe that the average age of first admissions is 48.65 years, for readmissions, 44.20 years, and for temporary care admissions, 38.46 years. We observe that the readmissions are readmitted at a lower average age than the first admissions. However, it should be recalled that the senile psychoses and psychoses with cerebral arteriosclerosis with their high admission ages make up large proportions of the first admissions. These psychoses and others admitting patients at older ages are comparatively rare among the readmissions.

Considering the diagnoses presenting the larger number of admissions, we see that the average age of readmissions is less than that of first admissions in senile psychoses (first admissions 75.07, readmissions 73.38 years); psychoses with cerebral arteriosclerosis (first admissions 70.13, readmissions 68.64); general paralysis (first admissions 46.47, readmissions 45.66 years); cerebral syphilis (first admissions 51.59, readmissions 45.83 years); and undiagnosed psychoses (first admissions 42.75, readmissions 31.25 years). In the following psychoses the readmission age is higher than the first admission age: alcoholic psychoses (first admissions 45.70, readmissions 48.50 years); manic-depressive psychoses, (first admissions 39.77, readmissions 45.50 years); dementia praecox (first admissions 33.22, readmissions 38.91 years); psychoneuroses and neuroses (first admissions 33.39, readmissions 51.00 years); and cases without psychoses (first admissions 34.35, readmissions 39.86 years).

We observe that the average age for temporary care admissions is generally below the average for first admissions and readmissions. As the use of the temporary care form of admission measures, to a certain extent, the success of community mental hygiene activities, we note with interest that the temporary care admissions are coming into our mental hospitals approximately ten years before the first admissions by court commitment.

TABLE 48. — *Average Admission Ages of First Court Admissions, Court Readmissions, and All Temporary Care Admissions, 1931, by Psychoses.*

PSYCHOSES.	AVERAGE AGE AT ADMISSION IN YEARS.			
	All Admissions.	First Admissions.	Readmissions.	Temporary ¹ Care Admissions.
Traumatic	46.84	51.83	47.50	34.16
Senile	74.87	75.07	73.38	73.75
With cerebral arteriosclerosis	69.39	70.13	68.64	64.97
General paralysis	45.82	46.47	45.66	43.76
With cerebral syphilis	48.33	51.59	45.83	42.50
With Huntington's chorea	—	—	—	—
With brain tumor	53.50	50.83	—	57.50
With other brain or nervous diseases	41.74	43.39	33.04	41.83
Alcoholic	44.52	45.70	48.50	43.12
Due to drugs and other exogenous toxins	42.87	44.16	52.50	41.96
With pellagra	44.50	46.25	—	37.50
With other somatic diseases	48.08	49.08	40.35	47.30
Manic-depressive	40.83	39.77	45.50	38.50
Involution melancholia	53.52	53.24	58.54	51.05
Dementia praecox	34.41	33.22	38.91	32.97
Paranoia or paranoid conditions	47.14	49.24	50.73	45.10
Epileptic psychoses	34.94	35.97	37.50	32.90
Psychoneuroses and neuroses	36.03	33.39	51.00	36.03
With psychopathic personality	33.27	30.74	30.31	35.10
With mental deficiency	32.97	34.18	35.37	26.45
Undiagnosed psychoses	39.25	42.75	31.25	38.63
Without psychoses	33.27	34.35	39.86	33.02
Diagnosis deferred	32.64	—	—	32.64
All clinical groups	44.06	48.65	44.20	38.46

¹Includes admissions for temporary care and observation.TABLE 49. — *Psychoses of Voluntary Care Admissions to Hospitals for Mental Diseases, 1931; Percentage Distribution.*

PSYCHOSES.	NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—
Senile	—	—	—	—	—	—
With cerebral arteriosclerosis	2	—	2	.9	—	.9
General paralysis	6	1	7	2.7	.7	1.9
With cerebral syphilis	1	—	1	.4	—	.3
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	2	1	3	.9	.7	.8
Alcoholic	3	—	3	1.3	—	.8
Due to drugs and other exogenous toxins	1	2	3	.4	1.4	.8
With pellagra	—	—	—	—	—	—
With other somatic diseases	2	4	6	.9	2.8	1.6
Manic-depressive	27	16	43	12.2	11.1	11.7
Involution melancholia	2	1	3	.9	.7	.8
Dementia praecox	1	2	3	.4	1.4	.8
Paranoia or paranoid conditions	1	3	4	.4	2.1	1.1
Epileptic psychoses	25	23	48	11.3	16.0	13.1
Psychoneuroses and neuroses	22	13	35	9.9	9.0	9.6
With psychopathic personality	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—
Undiagnosed psychoses	4	2	6	1.8	1.4	1.6
Without psychoses	123	76	199	55.2	52.7	54.3
Diagnosis deferred	1	—	1	.4	—	.3
Total	223	144	367	100.0	100.0	100.0

ALL VOLUNTARY CARE ADMISSIONS.

Table 49 gives the number and percentage distribution of the voluntary care admissions to hospitals for mental diseases during 1931, by psychoses and sex. The highest proportion of voluntary care admissions are observed in cases without psychoses, 54.3 per cent; epileptic psychoses, 13.1 per cent; manic-depressive

psychoses, 11.7 per cent; and psychoneuroses and neuroses, 9.6 per cent. The lowest proportions of voluntary care admissions are observed in psychoses with cerebral syphilis, .3 per cent; psychoses with other brain or nervous diseases, alcoholic psychoses, psychoses due to drugs, involution melancholia and dementia praecox, .8 per cent each. Insofar as we are dealing with small numbers, it is difficult to discuss the sex differences.

If we compare this data with that in Table 41, "First Admissions, Readmissions and Temporary Care Admissions, 1931, by Psychoses: Percentage Distribution", we note that psychoses with cerebral arteriosclerosis, general paralysis, alcoholic psychoses, dementia praecox, and psychoses with mental deficiency are under-represented in the voluntary admissions. We observe that the manic-depressive psychoses show a somewhat similar percentage. However, the epileptic psychoses and cases without psychoses are greatly over-represented. The voluntary care admissions present relatively twelve times as many cases of psychoses with epilepsy and thirty-one times as many cases without psychoses as is observed in first regular admissions.

ALL CASES ADMITTED BY TRANSFER.

Table 50 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1931, by psychoses and sex. We note that 1,724 patients were transferred from one mental hospital to another during the year 1931 (926 males and 798 females). Psychoses making up the greater proportion of these transfers were: dementia praecox, 62.3 per cent; psychoses with mental deficiency, 10.1 per cent; manic-depressive psychoses, 6.9 per cent; and alcoholic psychoses, 5.7 per cent. The following psychoses were represented in the smallest proportion: psychoses due to drugs, and Huntington's chorea, .1 per cent each; undiagnosed psychoses, .3 per cent; and traumatic psychoses and cerebral syphilis, .4 per cent each. The sex difference observed follows mainly the admission rates for the particular psychoses. Thus, we see 4.4 per cent of males transferred as contrasted with .7 per cent of females in general paralysis. In manic-depressive, we see 5.6 per cent of males and 8.4 per cent of females.

TABLE 50. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1931; Percentage Distribution.*

PSYCHOSES.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Traumatic	7	—	7	.8	—	.4
Senile	6	6	12	.6	.7	.7
With cerebral arteriosclerosis.	15	10	25	1.6	1.3	1.4
General paralysis	41	6	47	4.4	.7	2.7
With cerebral syphilis	6	1	7	.6	.1	.4
With Huntington's chorea	—	1	1	—	.1	.1
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	6	3	9	.6	.4	.5
Alcoholic	81	17	98	8.8	2.1	5.7
Due to drugs and other exogenous toxins	—	2	2	—	.3	.1
With pellagra	—	—	—	—	—	—
With other somatic diseases	3	5	8	.3	.6	.5
Manic-depressive	52	67	119	5.6	8.4	6.9
Involution melancholia	11	11	22	1.2	1.4	1.3
Dementia praecox	547	536	1,083	59.1	67.2	62.8
Paranoia or paranoid conditions	21	31	52	2.3	3.9	3.0
Epileptic psychoses	8	4	12	.9	.5	.7
Psychoneuroses and neuroses.	4	8	12	.4	1.0	.7
With psychopathic personality	8	12	20	.9	1.5	1.2
With mental deficiency	99	75	174	10.7	9.4	10.1
Undiagnosed psychoses	4	2	6	.4	.3	.3
Without psychoses	7	1	8	.8	.1	.5
Diagnosis deferred	—	—	—	—	—	—
All clinical groups	926	798	1,724	100.0	100.0	100.0

It may be well to mention in passing that the increase in transfers during the present year is due largely to the opening of the Metropolitan State Hospital, the admissions to which were comprised entirely of transfer cases.

Section C. All Discharges from Mental Hospitals during 1931.

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1931. This presentation does not include a discussion of the deaths, which follows in another section.

ALL CASES DISCHARGED TO THE COMMUNITY DURING 1931, BY PSYCHOSES.

Table 51 shows the number and percentage of first and readmissions who were discharged to the community during 1931. Among the first admissions it will be observed that the largest percentage discharged were cases without psychoses, 23.3 per cent, followed in order by dementia praecox, 14.5 per cent, and manic-depressive psychoses, 12.1 per cent. Disregarding those cases in which the number of discharges was less than twenty-five, we note that the cases with psychopathic personality, the senile psychoses, psychoses due to drugs and the epileptic psychoses had the smallest percentage of patients discharged during 1931, 1.0 per cent, 1.4 per cent, 1.8 per cent, and 1.8 per cent, respectively.

TABLE 51. — All Cases Discharged to the Community during 1931, by Form of Admission and Psychoses; Number and Percentage Distribution.¹

PSYCHOSES.	FIRST ADMISSIONS.		READMISSIONS.	
	No.	Percent.	No.	Percent.
Traumatic.	12	.4	6	.4
Senile	43	1.4	14	.8
With cerebral arteriosclerosis.	146	4.9	27	1.6
General paralysis	99	3.3	42	2.5
With cerebral syphilis	12	.4	8	.6
With Huntington's chorea	1	.03	—	—
With brain tumor	—	—	—	—
With other brain or nervous diseases	61	2.0	22	1.3
Alcoholic	340	11.4	133	8.0
Due to drugs and other exogenous toxins	53	1.8	14	.8
With pellagra	2	.1	—	—
With other somatic diseases	92	3.1	29	1.8
Manic-depressive	361	12.1	406	24.6
Involution melancholia	72	2.4	31	1.9
Dementia praecox	435	14.5	392	23.7
Paranoia or paranoid conditions	97	3.2	38	2.3
Epileptic psychoses	55	1.8	43	2.6
Psychoneuroses and neuroses.	111	3.7	51	3.1
With psychopathic personality	31	1.0	30	1.8
With mental deficiency	65	2.2	55	3.3
Undiagnosed psychoses	169	5.6	68	4.1
Without psychoses	695	23.3	237	14.3
Diagnosis deferred	42	1.4	7	.5
All clinical groups	2,994	100.0	1,653	100.0

¹Includes committed cases, temporary care, observation and voluntary cases discharged.

In considering the readmissions discharged during the year, we find that the largest percentages are found in the manic-depressive psychoses, with 24.6 per cent, and dementia praecox, with 23.7 per cent. The lowest percentages were among the traumatic psychoses, .4 per cent, cerebral syphilis, .6 per cent, and psychoses due to drugs and senile psychoses, .8 per cent each.

It will be observed from this table that a total of 4,647 cases were discharged to the community, and that of these the proportion of first admissions discharged was almost twice that of readmissions. By far the greater proportion of cases discharged to the community in both first and readmissions are cases with dementia praecox, 38.2 per cent; cases without psychoses, 37.6 per cent; and cases with manic-depressive psychoses, 36.7 per cent. The fewest cases discharged are those with traumatic psychoses, .8 per cent, and psychoses with cerebral syphilis, 1.0 per cent.

ALL CASES DISCHARGED BY TRANSFER DURING 1931, BY PSYCHOSES.

Table 52 shows the number and percentage of cases discharged to other institutions by transfer during 1931, giving the number and percentage distribution.

TABLE 52. — *All Cases Discharged by Transfer during 1931, by Psychoses; Number and Percentage Distribution.*

PSYCHOSES.	TRANSFERS.	
	Number.	Percent.
Traumatic	7	.4
Senile	9	.5
With cerebral arteriosclerosis	23	1.3
General paralysis	49	2.9
With cerebral syphilis	5	.3
With Huntington's chorea	2	.1
With brain tumor	—	—
With other brain or nervous diseases	9	.5
Alcoholic	110	6.4
Due to drugs and other exogenous toxins	3	.2
With pellagra	—	—
With other somatic diseases	10	.6
Manic-depressive	118	6.9
Involution melancholia	18	1.0
Dementia praecox	1,059	61.6
Paranoia or paranoid conditions	58	3.4
Epileptic psychoses	11	.6
Psychoneuroses and neuroses	12	.7
With psychopathic personality	18	1.0
With mental deficiency	161	9.4
Undiagnosed psychoses	20	1.2
Without psychoses	17	1.0
Diagnosis deferred	—	—
All clinical groups	1,719	100.0

Of the total 6,366 cases discharged during the year, 1,719 or 27.0 per cent, were transfers, while as we observed in Table 51, 4,647 cases, or 73.0 per cent, were discharged to the community. Among the cases transferred, it will be observed that the largest percentages occur in the dementia praecox cases with 61.6 per cent, psychoses with mental deficiency, 9.4 per cent, and manic-depressive psychoses, 6.9 per cent. The percentage of cases transferred with cerebral syphilis, senile psychoses, psychoses with other brain or nervous diseases, and epileptic psychoses is very small, .3 per cent, .5 per cent, .5 per cent, and .6 per cent, respectively.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED.

Table 53 reveals that 1,894 regularly committed cases were discharged during the year: 396 as recovered, 1,210 as improved, 239 as unimproved, and 49 as without psychoses. It also states the rates per 100 admissions of the same diagnosis for each specific mental condition of the discharges. A discharge rate based on the relationship of discharges to admissions for the same year is one that is commonly used in statistics of mental diseases, in spite of the fact that it is not especially accurate.

The rate of all cases discharged per 100 admissions for the same year is 47.9; 47.8 for males and 48.0 for females. In this table only admissions and discharges under regular commitments are considered. When the individual psychoses are compared, the highest rate of discharge occurs in the psychoses due to drugs, 100.0 discharges per 100 admissions for the same psychoses. Next in order come those cases which were diagnosed as alcoholic, with a discharge rate of 83.2 per each 100 admissions. The psychoneuroses and neuroses are next with a discharge rate of 76.3. Following in order are: psychoses with psychopathic personality, 75.5; manic-depressive psychoses, 66.9; cases without psychoses, 62.5; and paranoia or paranoid conditions, 61.2 per cent. The most significant of these rates are those for manic-depressive psychoses and dementia praecox, as the others are based on relatively small numbers.

The lowest rate of discharge is that for senile psychoses, 15.0 per cent. The next lowest rate is for psychoses with cerebral arteriosclerosis, 16.3, and general paralysis, 34.0 per cent. Pellagra is not considered here in view of the fact that only one case was concerned. The majority of psychoses not mentioned specifically do not differ significantly from the average for all psychoses.

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1931.*

PSYCHOSES.	ALL ADMISSIONS. ¹			ALL DISCHARGES. ¹			RECOVERED.		
	NUMBER.			NUMBER.			RATE PER 100 ADMISSIONS SAME DIAGNOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	15	2	17	9	1	10	60.0	50.0	58.8
Senile	88	192	280	14	28	42	15.9	14.6	15.0
With cerebral arteriosclerosis	353	391	644	58	47	105	16.4	12.0	16.3
General paralysis	184	49	233	63	17	80	34.2	34.7	34.0
With cerebral syphilis	19	6	25	9	2	11	47.4	33.3	44.0
With Huntington's chorea	—	—	—	1	—	1	—	—	—
With brain tumor	1	2	3	—	—	—	—	—	—
With other brain or nervous diseases	38	28	66	16	18	34	42.1	64.3	51.5
Alcoholic	209	29	238	176	22	198	84.2	75.9	83.2
Due to drugs and other exogenous toxins	8	12	20	5	15	20	62.5	125.0	100.0
With pellagra	2	2	4	1	—	1	50.0	—	25.0
With other somatic diseases	40	82	122	13	48	61	32.5	58.5	50.0
Manic-depressive	274	349	623	159	258	417	58.0	73.9	66.9
Involution melancholia	41	77	118	19	48	67	46.3	62.3	56.8
Dementia praecox	508	491	999	278	266	544	54.7	54.2	54.4
Paranoia or paranoid conditions	36	67	103	24	39	63	66.6	58.2	61.2
Epileptic psychoses	23	29	52	17	6	23	73.9	20.7	44.2
Psychoneuroses and neuroses	15	23	38	10	19	29	66.6	82.6	76.3
With psychopathic personality	21	24	45	21	13	34	100.0	54.2	75.5
With mental deficiency	85	106	191	38	41	79	44.7	38.7	41.4
Undiagnosed psychoses	24	28	52	11	14	25	45.8	50.0	48.0
Without psychoses	57	23	80	33	17	50	57.8	73.9	62.5
Total	2,041	1,912	3,953	975	919	1,894	47.8	48.0	47.9
				188	208	396	9.2	10.9	10.0

¹Includes admissions and discharges under regular court commitment.

TABLE 53. — *Mental Condition of Committed Cases Discharged and Rate per 100 Admissions of Same Diagnosis, 1931. — Concluded.*

PSYCHOSES.	IMPROVED.			UNIMPROVED.			WITHOUT PSYCHOSES.		
	NUMBER.			NUMBER.			NUMBER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	9	1	10	60.0	50.0	58.8	—	—	—
Senile	6	18	24	6.8	9.4	8.6	—	—	—
With cerebral arteriosclerosis	44	37	81	12.5	9.5	12.6	5.7	3.6	4.3
General paralysis	53	12	65	28.8	24.5	27.9	3.1	1.7	2.8
With cerebral syphilis	8	1	9	42.1	16.7	36.0	5.4	8.2	6.0
With Huntington's chorea	—	—	—	—	—	—	5.3	16.7	8.0
With brain tumor	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	10	10	20	26.3	35.7	30.3	—	—	—
Alcoholic	101	13	114	48.3	44.8	47.9	10.5	17.8	13.6
Due to drugs and other exogenous toxins	5	7	12	62.5	58.3	60.0	5.7	—	5.0
With pellagra	1	—	1	50.0	—	25.0	—	—	—
With other somatic diseases	10	31	41	25.0	37.8	33.6	2.5	1.2	1.6
Manic-depressive	96	140	236	35.0	40.1	37.9	3.3	4.0	3.6
Involution melancholia	14	36	50	34.1	46.7	42.4	4.9	3.9	4.2
Dementia praecox	190	189	379	37.4	38.5	37.9	10.2	8.6	9.4
Paranoia or paranoid conditions	17	31	48	47.2	46.3	46.6	13.9	10.4	11.7
Epileptic psychoses	10	5	15	43.5	17.3	28.8	17.4	3.4	9.6
Psychoneuroses and neuroses	7	14	21	46.7	60.8	55.3	13.3	4.3	7.9
With psychopathic personality	11	7	18	52.4	29.2	40.0	19.0	8.3	13.3
With mental deficiency	22	29	51	25.9	27.3	26.7	8.2	4.7	6.3
Undiagnosed psychoses	6	9	15	25.0	32.1	28.8	16.6	14.3	15.4
Without psychoses	—	—	—	—	—	—	1.7	—	1.2
Total	620	590	1,210	30.4	30.8	30.6	6.6	5.4	6.1
				135	104	239	32	17	49
							1.6	.9	1.2

Includes admissions and discharges under regular court commitment.

Considering the rates for the totals in each mental condition we note that those discharged as "improved" have the highest rate per 100 admissions, 30.6. The "recovered" and the "unimproved" rates of 10.0 and 6.1 are comparatively the same, while the rate for "without psychoses" is much smaller, 1.2.

The psychoses having the largest proportion of recoveries in comparison with admissions are: psychoses due to drugs and other exogenous toxins, 40.0; alcoholic psychoses, 30.2; manic-depressive, 25.4 cases discharged as recovered per 100 admissions for the same psychoses; cases with psychopathic personality, 22.2; and cases with other somatic diseases, 14.8.

The psychoses showing the smallest proportion of recoveries are: general paralysis, .4; psychoses with cerebral arteriosclerosis, .9; senile psychoses, 2.1 cases discharged as recovered per 100 admissions for the same psychoses; paranoia or paranoid conditions, 2.9; undiagnosed psychoses, 3.8; epileptic psychoses, 5.8; and dementia praecox, 7.1.

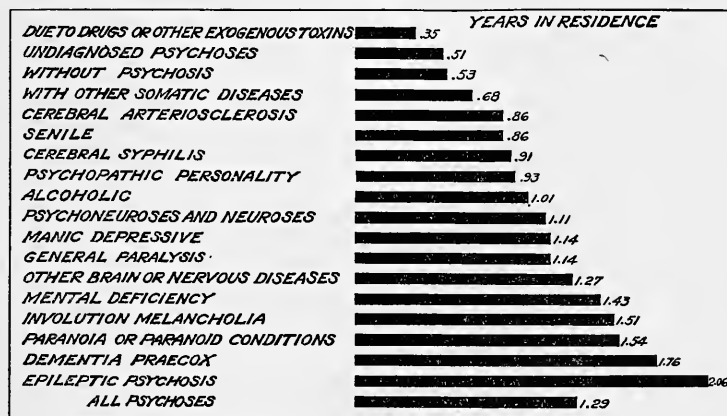
The psychoses showing the largest proportion of cases "improved" in comparison with admissions are psychoses due to drugs, 60.0 cases discharged as improved per 100 admissions of the same psychoses; traumatic psychoses, 58.8; and psychoneuroses and neuroses, 55.3. Both senile psychoses and psychoses with cerebral arteriosclerosis present small proportions of cases discharged as improved, 8.6 and 12.6 cases per 100 admissions of the same psychoses, respectively.

In the "unimproved" group the highest rate of discharge per 100 admissions of the same diagnosis is found in the undiagnosed psychoses, 15.4; psychoses with other brain or nervous diseases, 13.6; with psychopathic personality, 13.3; and paranoia or paranoid conditions, 11.7. The lowest proportion of discharges is found in cases without psychoses, 1.2; psychoses with other somatic diseases, 1.6; cerebral arteriosclerosis, 2.8; and manic-depressive psychoses, 3.6.

For cases which were diagnosed as "without psychoses", the discharge rate is 61.3 per 100 admissions of the same psychoses.

AVERAGE TIME WITHIN INSTITUTION DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED.

The average net hospital stay in years for all psychoses and for both sexes is one year and three months (Table 54 and Graph 3). Patients who were discharged as "recovered" remained eleven months. Those discharged as "improved" remained one year and four months. Patients discharged as "unimproved" remained the longest period of all, approximately one and one-half years. Those discharged as "without psychoses" remained approximately six months.



GRAPH 3. — AVERAGE LENGTH OF TIME IN RESIDENCE OF COMMITTED PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1931.

TABLE 54. — *Average Time in Years Spent in Institutions during this Admission and Condition on Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1931.*¹

	AVERAGE TIME IN RESIDENCE IN YEARS.											
	ALL CONDITIONS			RECOVERED.			IMPROVED.			UNIMPROVED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic . . . . .	.47	.50	.47	—	—	—	.47	.50	.47	—	—	—
Senile . . . . .	.81	.88	.86	1.16	.50	.83	.84	1.16	1.08	.43	.35	.39
With cerebral arteriosclerosis . . . . .	.81	.93	.86	1.08	1.29	1.19	.92	.73	.84	.31	1.79	.88
General paralysis	1.22	.82	1.14	—	.37	.37	1.23	.79	1.15	1.16	1.05	1.13
With cerebral syphilis	1.68	.10	.91	—	—	—	1.10	—	.99	.94	.20	.57
With Huntington's chorea	1.79	—	.79	—	—	—	—	—	—	.79	—	.79
With other brain or nervous diseases	1.38	.97	1.27	2.00	.50	1.10	1.65	1.30	1.48	.40	.58	.49
Alcoholic	1.00	.94	1.01	.57	.53	.56	1.23	1.39	1.25	1.36	—	1.36
Due to drugs and other exogenous toxins . . . . .	.44	.32	.35	—	.37	.37	.44	.32	.37	—	—	—
With pellagra . . . . .	.50	—	.50	—	—	—	.50	—	.50	—	—	—
With other somatic diseases . . . . .	.48	.73	.68	1.00	.55	.60	.41	.85	.74	.17	—	.09
Manic-depressive	1.01	1.23	1.14	.94	1.00	.99	1.08	1.30	1.21	.63	2.14	1.55
Involution melancholia	1.21	1.64	1.51	3.73	1.05	1.71	.83	1.88	1.59	.23	.43	.35
Dementia praecox	1.67	1.86	1.76	1.16	.88	1.03	1.71	1.86	1.78	1.83	2.68	2.21
Paranoia or paranoid conditions	2.37	1.04	1.54	1.06	1.50	1.21	2.57	1.19	1.68	2.21	.31	1.09
Epileptic psychoses	2.24	1.58	2.06	2.94	1.50	2.94	2.65	1.80	2.37	.69	.50	.65
Psychoneuroses and neuroses	1.20	1.06	1.11	.50	2.42	2.04	.65	.71	.69	3.50	—	2.49
With psychopathic personality . . . . .	.84	1.01	.93	1.21	.71	1.01	.79	1.43	1.03	.45	.62	.51
With mental deficiency	1.86	1.03	1.43	1.85	.77	1.22	1.88	1.15	1.47	1.83	1.18	1.56
Undiagnosed psychoses . . . . .	.56	.48	.51	.50	.04	.27	.44	.54	.50	.75	.46	.61
Without psychoses . . . . .	.58	.43	.53	—	—	—	—	—	—	.58	.43	.53
All clinical groups	1.27	1.30	1.29	1.00	.90	.95	1.36	1.40	1.38	1.31	1.71	1.48
										.58	.43	.53

¹The "Net Time in Institutions" which is used in this table, is ascertained by the subtraction of the "Total Time Out of Institution" from the "Total Time On Books of Institution"

The average length of stay in years for all discharges is longest in epileptic psychoses, 2.06 years. Dementia praecox, 1.76 years, paranoia or paranoid conditions, 1.54 years, involution melancholia, 1.51 years, and psychoses with mental deficiency, 1.43 years, came next in order according to length of stay. Excluding the psychoses with pellagra because of the small number of cases concerned, we find that the shortest average periods are found in the following psychoses: psychoses due to drugs, .35 years; traumatic psychoses, .47 years; undiagnosed psychoses, .51 years; and cases without psychoses, .53 years.

It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution, excluding all time out on visit, etc.

In the "recovered" group, patients with the following psychoses remain the longest average time in hospitals: epileptic psychoses, 2.94 years; psychoneuroses and neuroses, 2.04 years; and involution melancholia, 1.71 years. Patients with the following psychoses remain the shortest average time: undiagnosed psychoses, .27 years; psychoses due to drugs, .37 years; and general paralysis, .37 years.

In the groups considered as "improved" in mental condition, the following remained the longest average periods: epileptic psychoses, 2.37 years; dementia praecox, 1.78 years; paranoia or paranoid conditions, 1.68 years; and cases with involution melancholia, 1.59 years. The shortest averages were observed in the psychoses due to drugs, .37 years; traumatic psychoses, .47 years; (pellagra excluded because of the small number of cases involved) undiagnosed psychoses, .50 years; and psychoneuroses and neuroses, .69 years.

For the group considered as "unimproved" in mental condition, the longest average stay was observed in the following: psychoneuroses and neuroses, 2.49 years; dementia praecox, 2.21 years; psychoses with mental deficiency, 1.56 years; and manic-depressive psychoses, 1.55 years. The shortest averages were observed in the following: psychoses with other somatic diseases, .09 years; involution melancholia, .35 years; and senile psychoses, .39 years. In the group "without psychoses", the average is .50 years.

In comparing the sexes, we observe in the total for all mental conditions a tendency for both males and females to remain about the same length of time in the institution. In the "recovered" group there is a difference in the average length of hospital stay: males one year, and females approximately eleven months. In the "improved" group the males and females remain approximately one year and four months each. In the "unimproved" group the males remain one year and three months, while the females remain one year and eight months.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL.

We have observed (Table 48) that the average admission age of all first admissions during 1931 was 48.6 years, for readmissions, 44.2 years, and for all temporary admissions, 38.4 years. Table 55 now shows us that the average age of committed patients discharged during 1931 was 43.5 years for both sexes: 43.2 years for males and 43.9 years for females.

Excluding Metropolitan State Hospital because of the few cases concerned, the Worcester State Hospital shows the highest average age at discharge, 47.1 years, with Gardner, 46.7 years, Boston State, 46.6 years, and the Danvers State Hospital, 44.7 years, following in order. The lowest average age at discharge is found at Monson State Hospital, 17.5 years, and at the Taunton State Hospital and U. S. Veterans' Hospital No. 107, 37.9 years each.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED.

The 1,894 committed cases discharged during 1931 had a total of 1,566 visits, or an average of 1.29 visits for each patient discharged (Table 56). We note that 17.3 per cent of these patients were discharged directly from the institution without being placed on visit: 60.9 per cent had one visit, 11.5 per cent two visits, 4.8 per cent three visits, and an additional 5.5 per cent had four or more visits previous to discharge. Considering the individual psychoses, the highest average number of times placed on visit is observed in epileptic psychoses with an average of 1.86. This is followed by psychoneuroses and neuroses, 1.82, and general paralysis, 1.70.

The lowest average number of times out on visit are observed in cases without psychoses, .56, psychoses due to drugs, .75, and undiagnosed psychoses, .80. In comparing these averages for different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of patients. Obviously, patients with psychoses averaging longer periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 55. — *Average Age of Committed Patients Discharged during 1931, by Hospital.*

HOSPITAL.	NUMBER OF DISCHARGES.			AVERAGE AGE OF DISCHARGE.		
	M.	F.	T.	M.	F.	T.
Boston State	77	114	191	47.2	46.3	46.6
Boston Psychopathic	32	30	62	39.3	37.5	38.4
Danvers	120	131	251	45.7	43.7	44.7
Foxborough	70	42	112	42.2	43.5	42.7
Gardner	16	17	33	46.8	46.6	46.7
Grafton	17	12	29	43.6	35.4	40.2
Medfield	40	67	107	37.9	41.7	40.5
Metropolitan	4	—	4	51.2	—	51.2
Northampton	85	101	186	43.3	44.5	44.0
Taunton	92	116	208	42.1	45.0	37.9
Westborough	92	121	213	43.4	44.4	44.0
Worcester	190	140	330	43.9	43.1	47.1
Monson	1	—	1	17.5	—	17.5
McLean	29	23	52	50.1	45.1	47.8
Bridgewater	26	—	26	38.2	—	38.2
Tewksbury	6	5	11	49.1	34.5	42.5
U. S. Veterans' No. 107	41	—	41	37.9	—	37.9
U. S. Veterans' No. 95	37	—	37	38.1	—	38.1
All Hospitals.	975	919	1,894	43.2	43.9	43.5

TABLE 56. — *Number of Times Out on Visit of Committed Patients Discharged during 1931, by Psychoses.*

PSYCHOSES.	TOTAL.		NUMBER OF TIMES ON VISIT.							Average Number of Times Out.
	Cases.	Visits.	None.	One.	Two.	Three.	Four-Six.	Seven-Nine.	Ten or More.	
Traumatic	10	10	—	10	—	—	—	—	—	1.00
Senile	42	36	6	31	3	—	1	1	—	1.21
With cerebral arterio-sclerosis	105	92	13	82	7	2	1	—	—	1.00
General paralysis	80	70	10	54	2	5	5	2	2	1.70
Cerebral syphilis	11	7	4	3	2	1	1	—	—	1.36
With Huntington's chorea	1	—	1	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	34	30	4	23	1	1	4	—	1	1.67
Alcoholic	198	145	53	107	28	8	2	—	—	.99
Due to drugs and other exogenous toxins	20	15	5	15	—	—	—	—	—	.75
With pellagra	1	1	—	1	—	—	—	—	—	1.02
With other somatic diseases	61	52	9	44	6	1	1	—	—	1.03
Manic-depressive	417	351	66	247	58	23	18	3	2	1.33
Involution melancholia	67	62	5	49	8	4	—	1	—	1.26
Dementia praecox	544	468	76	318	74	35	27	11	3	1.48
Paranoia or paranoid conditions	63	53	10	47	3	—	3	—	—	1.04
Epileptic psychoses	23	20	3	12	3	3	—	2	—	1.86
Psychoneuroses and neuroses	29	27	2	15	5	2	5	—	—	1.82
With psychopathic personality	34	26	8	18	4	2	2	—	—	1.20
With mental deficiency	79	63	16	44	11	3	3	1	1	1.36
Undiagnosed psychoses	25	17	8	15	1	1	—	—	—	.80
Without psychoses	50	21	29	18	2	—	1	—	—	.56
All clinical groups.	1,894	1,566	328	1,153	218	91	74	21	9	1.29
Percent	100.0		17.3	60.9	11.5	4.8	3.9	1.1	.5	

PERCENTAGE OF TIME SPENT OUT ON VISIT DURING THE PRESENT ADMISSION, FOR DISCHARGES DURING 1930 AND 1931.

The effort of each hospital has been directed toward the return of as many cases as possible to the community, and to the shortening of the period of hospital residence. In Table 57 we are making a comparison between cases discharged during the years 1930 and 1931. We wish to ascertain whether or not patients discharged at the present time are remaining actually within the hospitals a greater proportion of the time than patients who were discharged in the past.

Table 57 gives this information by psychoses and reveals that in 1930 patients had spent 58.06 per cent of their time out of institutions. The cases discharged during 1931 spent 58.03 per cent of their total time out of the institution during this admission. While there are no material differences between the sexes, we observe a slight tendency for the females to spend a larger proportion of time out of the institution.

TABLE 57. — *Percentage of Time Spent Out on Visit during the Present Admission of All Committed Cases Discharged during 1930 and 1931.*

PSYCHOSES.	PERCENTAGE OF TIME SPENT ON VISIT PREVIOUS TO DISCHARGE.					
	1930			1931		
	M.	F.	T.	M.	F.	T.
Senile	54.97	85.41	74.45	65.46	73.01	70.52
With cerebral arteriosclerosis . . .	85.00	76.42	80.00	69.87	72.81	71.91
General paralysis	48.58	62.45	51.54	57.82	67.20	59.27
With cerebral syphilis	38.73	75.00	61.67	60.73	92.59	64.21
With other brain or nervous diseases .	73.87	49.42	57.56	55.89	69.61	62.25
Alcoholic	68.16	60.53	66.30	59.32	61.74	59.55
Due to drugs and other exogenous toxins	93.39	64.28	75.00	88.52	95.14	92.59
With other somatic diseases	51.28	96.25	84.90	88.52	75.65	77.39
Manic-depressive	73.71	64.28	67.19	66.66	61.60	63.25
Involution melancholia	65.80	56.57	59.72	63.07	54.47	56.53
Dementia praecox	44.52	47.44	45.87	51.63	48.07	50.00
Paranoia or paranoid conditions . . .	61.40	63.27	62.55	47.26	67.34	56.20
Epileptic psychoses	80.00	94.32	85.33	30.52	58.65	38.02
Psychoneuroses and neuroses	67.11	85.35	81.29	68.00	68.24	68.30
With psychopathic personality	70.16	31.67	51.83	69.63	57.29	64.92
With mental deficiency	49.26	41.11	44.89	44.71	67.64	54.32
Without psychoses	46.51	74.28	61.71	65.15	58.02	63.47
All clinical groups	56.66	58.92	58.06	57.65	58.84	58.03

In cases discharged during 1931, the following psychoses reveal the highest proportion of time out of the institution: psychoses due to drugs, 92.59 per cent; psychoses with other somatic diseases, 77.3 per cent; psychoses with cerebral arteriosclerosis, 71.9 per cent; senile psychoses, 70.5 per cent; and psychoneuroses and neuroses, 68.3 per cent. The lowest percentages for time spent out on visit are observed in epileptic psychoses, 38.0 per cent of time on books; dementia praecox, 50.0 per cent; psychoses with mental deficiency, 54.3 per cent; and involution melancholia, 56.5 per cent.

AVERAGE TIME ON BOOKS DURING ALL ADMISSIONS, COMMITTED CASES DISCHARGED DURING 1931, BY ECONOMIC CONDITION.

Table 58 shows that there is a definite tendency for cases in the "dependent" and "marginal" economic groups to remain in mental hospitals for a long time.

Cases listed as "dependent" spent an average of 2.88 years on the books of mental hospitals during all admissions. The "marginal" group remained 2.98 years. The "comfortable" group remained 2.10 years. Thus, it is evident that the average for the group of "comfortable" economic status is approximately eight months less than that of the "dependent" or "marginal" classes. It will be noted that females in the "dependent" group remain a year longer than males in the same group.

TABLE 58. — *Average Time on Books during All Admissions of Committed Patients Discharged during 1931, by Economic Condition.*

ECONOMIC CONDITION.	TOTAL NUMBER.			AVERAGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Dependent	76	75	151	2.06	3.72	2.88
Marginal	809	768	1,577	2.97	2.98	2.98
Comfortable	77	71	148	1.87	2.35	2.10
Unknown	13	5	18	1.92	5.03	2.78
Total	975	919	1,894	2.80	3.00	2.89

**AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, COMMITTED PATIENTS
DISCHARGED DURING 1931, BY HOSPITAL.**

The average time spent on the books, the average time spent out and the net time spent within the institution during the present admission is shown in Table 59 for the 1,894 committed cases discharged during 1931. Here it will be observed that the average time on the books for all hospitals was approximately two years and two months, the averages remaining approximately the same for both sexes. The longest average time on the books is found at Grafton State Hospital and at Foxborough State Hospital. The shortest average time on the books was spent at McLean Hospital and the Boston Psychopathic Hospital. (Metropolitan State Hospital is excluded inasmuch as that institution was only opened during the present year).

TABLE 59. — *Total Time on Books, Total Time Out and Net Time Within Institutions during This Admission of Committed Patients Discharged from Hospitals for Mental Diseases during 1931, by Hospital and Sex.*

HOSPITALS.	AVERAGE TIME IN YEARS.								
	TIME SPENT ON BOOKS.			TIME SPENT OUT.			NET TIME WITHIN INSTITUTIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2.44	1.84	2.08	.96	.91	.93	1.48	.93	1.15
Boston Psychopathic	1.42	1.36	1.39	.94	.86	.91	.48	.50	.48
Danvers	1.83	2.30	2.07	.95	.96	.95	.88	1.34	1.12
Foxborough	3.99	2.11	3.29	2.24	1.01	1.78	1.75	1.10	1.51
Gardner	3.23	3.20	3.22	1.29	1.32	1.31	1.94	1.88	1.91
Grafton	4.75	2.63	3.87	.86	.46	.52	3.89	2.17	3.35
Medfield	1.29	3.14	2.45	.47	.81	.69	.82	2.33	1.76
Metropolitan . . . . .	.29	—	.29	.09	—	.09	.20	—	.20
Northampton	1.69	2.16	1.95	.77	1.16	.99	.92	1.00	.96
Taunton	1.84	2.18	2.03	.83	.99	.92	1.01	1.19	1.11
Westborough	2.29	2.33	2.31	1.05	1.03	1.04	1.24	1.30	1.27
Worcester	2.44	2.60	2.51	1.15	1.08	1.12	1.29	1.52	1.39
Monson	1.50	—	1.50	1.00	—	1.00	.50	—	.50
McLean . . . . .	.62	.63	.62	.06	.04	.05	.56	.59	.57
Bridgewater	1.79	—	1.79	—	—	—	1.79	—	1.79
Tewksbury	1.07	2.72	2.27	.83	.60	.73	.24	2.12	1.54
U. S. Veterans' No. 107	2.97	—	2.97	.92	—	.92	2.05	—	2.05
U. S. Veterans' No. 95	1.62	—	1.62	.47	—	.47	1.15	—	1.15
Total	2.23	2.27	2.25	.96	.97	.96	1.27	1.30	1.29

The average time spent out on visit, etc., from all institutions was a little over eleven months. The longest average time spent out is observed at the Foxborough State Hospital, one year and nine months. The shortest average time spent out was at the McLean Hospital (three weeks), Metropolitan State Hospital (approximately one month), U. S. Veterans' Hospital No. 95 (five months), and Grafton State Hospital (six months).

The actual net time spent within the institutions of patients discharged from all institutions was one year and three months. There is little difference in the average for both sexes. Grafton State Hospital and U. S. Veterans' Hospital No. 107 showed the longest average length of residence: three years and four months, and

two years and three weeks, respectively. The shortest average length of residence is observed at the Metropolitan State Hospital, Boston Psychopathic Hospital, Monson State Hospital, McLean Hospital and Taunton State Hospital, with two months for the Metropolitan State Hospital, five months for the Psychopathic, six months for Monson and McLean Hospitals, and one year and one month for the Taunton State Hospital.

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSIONS; TEMPORARY CARE,
OBSERVATION AND VOLUNTARY CASES DISCHARGED DURING 1931, BY
HOSPITAL.

Table 60 shows the average time on the books, the average time spent out and the net time spent within each State hospital during the present admission of temporary care, observation and voluntary care cases discharged during 1931.

TABLE 60. — *Total Time on Books, Total Time Out and Net Time Spent within Institutions during This Admission, of Temporary Care, Observation and Voluntary Cases Discharged from Hospitals for Mental Diseases during 1931, by Hospital and Sex.*

HOSPITALS.	TEMPORARY CARE, OBSERVATION AND VOLUNTARY DISCHARGES.								
	TIME SPENT ON BOOKS.			TIME SPENT OUT.			NET TIME WITHIN INSTITUTIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State . . . . .	.18	.10	.15	.08	—	.05	.10	.10	.10
Boston Psychopathic . . . . .	.04	.04	.04	—	—	—	.04	.04	.04
Danvers . . . . .	.06	.05	.06	—	—	—	.06	.05	.06
Foxborough . . . . .	.16	.09	.13	—	.002	.001	.16	.088	.129
Gardner . . . . .	.07	.14	.11	—	—	—	.07	.14	.11
Grafton	—	.06	.06	—	—	—	—	.06	.06
Medfield . . . . .	.13	.07	.11	.004	—	.002	.126	.07	.108
Metropolitan	—	—	—	—	—	—	—	—	—
Northampton . . . . .	.22	.06	.15	—	—	—	.22	.06	.15
Taunton . . . . .	.11	.05	.09	.007	—	.004	.103	.05	.086
Westborough . . . . .	.10	.16	.12	—	—	—	.10	.16	.12
Worcester . . . . .	.16	.22	.17	.004	.055	.017	.156	.165	.153
Monson	2.10	2.20	2.15	.18	.09	.14	1.92	2.11	2.01
McLean . . . . .	.36	.42	.39	.010	.031	.018	.350	.389	.372
Bridgewater	1.19	—	1.19	—	—	—	1.19	—	1.19
Tewksbury	—	—	—	—	—	—	—	—	—
U. S. Veterans' No. 107 . . . . .	.10	—	.10	—	—	—	.10	—	.10
U. S. Veterans' No. 95 . . . . .	.14	—	.14	.003	—	.003	.137	—	.137
Total . . . . .	.14	.13	.14	.039	.044	.041	.101	.086	.099

The average time on the books of patients admitted on these forms is low when compared with the average time on the books of committed patients discharged (one and one-fourth months as against two years and two months for committed patients). The longest time on the books is spent by patients at the Monson State Hospital, two years and one month, while the shortest average time on the books is found at the Psychopathic Hospital, with two weeks.

The net time actually spent within the institution is longest for the Monson State Hospital, the time averaging two years and one week. Next in order are: Bridgewater, one year and two months; McLean Hospital, four months; Northampton, one and a half months; and Worcester, one and a half months. It may be well to mention that the observation form of admission at Bridgewater usually refers to cases who are under indictment, and cover a longer period of time than the regular thirty-five day observation period prevalent at the State Hospitals.

The shortest net time spent within institutions is observed at the Psychopathic, two weeks; Danvers and Grafton, three weeks each; and Boston State, Medfield and the U. S. Veterans' Hospital No. 107 where the average net time is approximately one month.

The average net time within all hospitals is approximately one month for these forms of admission. The males show a slightly longer period of residence than the females.

Section D. Deaths in Mental Hospitals during the Year 1931.

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1931.

DEATHS BY CERTAIN PSYCHOSES.

Table 61 reveals that there were a total of 1,817 deaths in mental hospitals during 1931: 985 males and 832 females. It also presents the death rates for the most important psychoses. These rates are based upon the number of patients of the same psychosis under treatment during the year. The diagnostic group having the largest death rate is psychoses with cerebral arteriosclerosis, 307 deaths per 1,000 cases of the same diagnosis under treatment. The next largest death rate is found for senile psychoses, 278. The next is for psychoses with other somatic diseases, 222, and general paralysis, with 176. The lowest death rate is found to be 26 for dementia praecox.

TABLE 61. — Deaths during 1931, by Certain Psychoses; Death Rates per 1,000 of Same Psychoses under Treatment.¹

PSYCHOSES.	TOTAL UNDER TREATMENT.			NUMBER OF DEATHS.			DEATH RATE PER 1,000 OF SAME PSYCHOSES UNDER TREATMENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	322	663	985	100	174	274	310.	262.	278.
With cerebral arteriosclerosis	796	721	1,517	264	202	466	331.	280.	307.
General paralysis	708	183	891	131	26	157	185.	142.	176.
Alcoholic	1,567	271	1,838	77	25	102	49.	92.	55.
Dementia praecox	6,161	6,194	12,355	163	161	324	26.	25.	26.
With other somatic diseases	126	225	351	35	43	78	277.	191.	222.
Manic-depressive	1,076	1,552	2,628	47	50	97	43.	32.	36.
All other psychoses	3,950	3,791	7,741	168	151	319	42.	39.	41.
Total	14,706	13,600	28,306	985	832	1,817	66.	61.	64.

¹Cases under treatment are obtained by adding resident population on September 30, 1931 and discharges and deaths during the year 1931. Total under treatment includes transfers.

For all clinical groups combined, the death rate is 64 per 1,000 under treatment. The rate for the males is 66, and for the females 61. Marked sex differences are observed in certain psychoses. The death rate is higher for males in psychoses with cerebral arteriosclerosis (331) than it is for females (280); in psychoses with other somatic diseases (males 277, females 191); in general paralysis (males 185, females 142); and in senile psychoses (males 310, females 262).

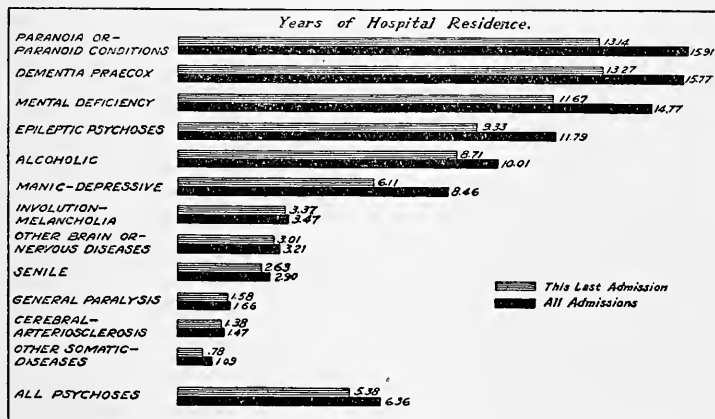
AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS; COMMITTED PATIENTS DYING DURING 1931, BY CERTAIN PSYCHOSES.

Table 62 and Graph 4 show the average length of hospital residence during the last admission and during all admissions of patients dying during 1931, by certain psychoses. The average length of stay within institutions during *all* admissions is 6.36 years: males 6.09 years, females 6.67 years. If we consider only the most recent admission, during which the patient died, we observe that the average length of hospital stay is 5.38 years: 5.38 years for males, and 5.37 years for females. While the psychoses presenting the smaller numbers of cases have been omitted in the above table, the total averages given include all clinical groups.

When we consider the average length of hospital stay during all admissions, we observe that the longest average residence was for cases without psychoses, 19.74 years. Next in order come paranoia or paranoid conditions, 15.91 years; dementia praecox, 15.77 years; psychoses with mental deficiency, 14.77 years; and epileptic psychoses, 11.79 years. The clinical groups having the shortest average period of hospital residence during all admissions are as follows: undiagnosed psychoses, .16 years; psychoses with other somatic diseases, 1.09 years; with cerebral arteriosclerosis, 1.47 years; general paralysis, 1.66 years; and the senile psychoses, 2.90 years.

TABLE 62. — *Average Net Duration of Hospital Residence During this Admission and During All Admissions, of Committed Patients Dying during 1931, by Certain Psychoses.*

PSYCHOSES. ¹	AVERAGE LENGTH OF STAY IN YEARS. ²					
	ALL ADMISSIONS. ³			THIS ADMISSION.		
	M.	F.	T.	M.	F.	T.
Senile	2.96	2.87	2.90	2.85	2.51	2.63
With cerebral arteriosclerosis	1.32	1.66	1.47	1.25	1.57	1.38
General paralysis	1.68	1.59	1.66	1.58	1.56	1.58
With other brain or nervous diseases	2.08	3.36	3.21	2.69	3.36	3.01
Alcoholic	10.56	8.49	10.01	9.43	6.78	8.71
With other somatic diseases	1.53	.70	1.09	.93	.66	.78
Manic-depressive	6.56	10.17	8.46	5.38	6.76	6.11
Involution melancholia	2.66	3.85	3.47	2.65	3.71	3.37
Dementia praecox	15.77	15.76	15.77	14.05	12.50	13.27
Paranoia or paranoid conditions	13.67	16.47	15.91	12.17	13.37	13.14
Epileptic psychoses	9.63	15.02	11.79	7.70	11.76	9.33
With mental deficiency	14.84	14.64	14.77	12.90	9.41	11.67
Undiagnosed psychoses	.23	.09	.16	.23	.06	.15
Without psychoses	22.17	11.82	19.74	16.73	11.94	15.60
All clinical groups	6.09	6.67	6.36	5.38	5.37	5.38

¹Psychoses in which the number of cases involved was less than ten are omitted.²Exclusive of all time out on visit, etc., during this admission and all admissions.³Includes all previous admissions as well as the last admission during which the patient died.

GRAPH 4. — AVERAGE LENGTH OF HOSPITAL STAY IN YEARS OF PATIENTS DYING — 1931.

In considering the last admission, during which the patient died, we see that cases without psychoses, 15.60 years; dementia praecox, 13.27 years; paranoia or paranoid conditions, 13.14 years; psychoses with mental deficiency, 11.67 years; and epileptic psychoses, 9.33 years, have the longest average periods of hospital residence. The clinical groups having the shortest average period of hospital residence are: undiagnosed psychoses, .15 years; psychoses with other somatic diseases, .78 years; cerebral arteriosclerosis, 1.38 years; general paralysis, 1.58 years; and the senile psychoses, 2.63 years.

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS OF COMMITTED PATIENTS DYING 1931, BY NUMBER OF TIMES ADMITTED.

Table 63 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions. The length of hospital residence of this last admission during which the patient died is the shortest in the case of patients who had had seven admissions in all, 1.06 years.

TABLE 63. — *Average Net Duration of Hospital Residence during This Admission and All Admissions of Committed Patients Dying during 1931, by Number of Times Admitted.*¹

NUMBER OF TIMES ADMITTED.	NUMBER.			AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS.								
				THIS ADMISSION.						ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	579	466	1,045	3.83	2.69	3.32	3.85	2.73	3.35			
Two	197	165	362	7.28	7.79	7.51	8.41	9.61	8.96			
Three	66	71	137	10.51	9.90	10.19	13.38	14.76	14.10			
Four	22	25	47	6.92	15.24	11.35	9.43	19.90	14.99			
Five	10	20	30	8.23	11.33	10.29	13.25	18.33	16.63			
Six	4	3	7	10.15	10.00	10.09	14.61	17.00	15.63			
Seven	1	2	3	1.50	.85	1.06	2.50	11.75	8.67			
Eight	1	1	2	11.00	32.96	21.98	12.46	32.96	22.71			
Nine	1	1	2	21.67	27.50	24.59	32.17	30.50	31.34			
Ten or more	1	—	1	21.00	—	21.00	25.00	—	25.00			
	882	754	1,636	5.38	5.37	5.38	6.09	6.67	6.36			

¹The "net time" in institutions which is used in this table is ascertained by subtraction of the "total time out" of institutions from the "total time on the books" of institutions.

The average length of hospital stay of patients admitted but once was 3.32 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 7.51 years. Where the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 10.19 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 11.35 years. As we note the length of stay for the last admission in the case of 5 and 6 admissions, we observe a decrease in the length of the last hospital stay during which death occurred. Patients having seven admissions showed a considerable decrease in the net duration of hospital residence during the last admission, 1.06 years. Patients having eight or more admissions showed the longest duration of hospital residence, 21.98 years and 24.59 years, respectively.

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence occurs among the cases admitted to the hospital seven times, or, excluding this number as it contained only three cases, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest stay for the last admission is noted in the cases dying during the ninth of nine admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 8.96 years. For cases admitted three times, the average length of hospital residence was 14.10 years. For patients admitted four times, the average length of stay was 14.99 years.

The longest average stay is observed in cases admitted nine times with an average hospital residence of 31.34 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate for the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1931.

Table 64 gives the average length of hospital stay during all admissions in accordance with the number of times admitted. We note that the average length of stay during each admission for patients with two admissions is 4.48 years. For patients having three admissions, the average length of stay is 4.70 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 3.74 years. In the case of five admissions,

the patient remained an average of 3.32 years for each of the five admissions. There is a tendency for the average length of hospital residence to decrease as the number of times admitted increases.

TABLE 64. — *Average Net Duration of Hospital Stay during Each Admission, All Readmissions Dying during 1931.*

NUMBER OF TIMES ADMITTED.	AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS — ALL ADMISSIONS.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS FOR EACH TIME ADMITTED.
Two	8.96	4.48
Three	14.10	4.70
Four	14.99	3.74
Five	16.63	3.32
Six	15.63	2.60
Seven	8.67	1.23
Eight	22.71	2.83
Nine	31.34	3.48
Ten or more	25.00	2.50

AVERAGE TIME SPENT WITHIN INSTITUTIONS OF COMMITTED PATIENTS WHO DIED DURING 1931, BY HOSPITAL.

Table 65 shows the average time on the books, the average time spent out and the net time spent within the institution during the present admission of committed patients who died during 1931.

The longest average time spent on the books is observed at the Bridgewater, Grafton, Monson, Medfield and Gardner State Hospitals, respectively. The shortest average time (exclusive of the Metropolitan State Hospital) is spent at the Boston Psychopathic, U. S. Veterans' Hospitals Nos. 107 and 95, Foxborough, Danvers and Taunton State Hospitals. The average time on the books for all hospitals is five years and five months.

TABLE 65. — *Total Time on Books, Total Time Out, and Net Time Spent Within Institutions during This Admission of Committed Patients who Died during 1931, by Hospital and Sex.*

HOSPITALS.	COMMITTED PATIENTS DYING DURING 1931.								
	AVERAGE TIME ON BOOKS.			AVERAGE TIME OUT ON VISIT, ETC.			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	3.70	4.31	4.01	.05	.03	.04	3.65	4.28	3.97
Boston Psychopathic . . . . .	.15	.007	.120	—	—	—	.15	.007	.120
Danvers	3.91	3.62	3.76	.03	.02	.03	3.88	3.60	3.73
Foxborough	3.75	3.51	3.63	.01	.24	.13	3.74	3.27	3.50
Gardner	9.50	9.39	9.44	.35	.74	.56	9.15	8.65	8.88
Grafton	12.63	12.02	12.27	.02	.15	.10	12.61	11.87	12.17
Medfield	8.88	13.49	11.49	.13	.05	.08	8.75	13.44	11.41
Metropolitan . . . . .	.80	.04	.43	—	—	—	.80	.04	.43
Northampton	4.79	3.57	4.31	.06	.03	.05	4.73	3.54	4.26
Taunton	4.08	3.22	3.71	.01	.18	.08	4.07	3.04	3.63
Westborough	4.11	5.04	4.51	.15	.12	.14	3.96	4.92	4.37
Worcester	4.39	5.45	4.84	.08	.03	.06	4.31	5.42	4.78
Monson	12.90	9.50	12.20	.24	.01	.19	12.66	9.49	12.01
McLean	9.97	3.16	7.10	.003	—	.002	9.96	3.16	7.09
Bridgewater	18.21	—	18.21	—	—	—	18.21	—	18.21
Tewksbury	8.60	9.85	9.26	.17	—	.08	8.43	9.85	9.18
U. S. Veterans' No. 107	2.78	—	2.78	.04	—	.04	2.74	—	2.74
U. S. Veterans' No. 95	2.35	—	2.35	—	—	—	2.35	—	2.35
Total	5.45	5.46	5.46	.07	.09	.08	5.38	5.37	5.38

The longest average time spent out on visit, etc., of committed patients who died in 1931 is observed at the Gardner State Colony, six months. This is followed by the Monson State Hospital, with an average of two months spent out. In considering all hospitals, the average time out is approximately one month. It will

be observed that the average time out for both sexes is about the same.

The longest average net time actually spent within the institution is observed at Bridgewater, with eighteen years and two months. Patients at Grafton had an average residence of approximately twelve years and one month; patients at Monson, approximately twelve years; and patients at Medfield, eleven years and four months.

The shortest average length of residence of committed patients who died during 1931 is observed at the Psychopathic Hospital, one month. This is followed by U. S. Veterans' Hospital No. 95, two years and four months; U. S. Veterans' Hospital No. 107, two years and eight months; Foxborough State Hospital, three years and six months; Danvers, three years and eight months; and Boston State, three years and eleven months.

The average net time spent within the institution for all hospitals is approximately five years and four months, this average remaining approximately the same for both sexes.

AVERAGE AGE AT DEATH OF COMMITTED PATIENTS DYING DURING 1931.

The highest average ages at death are observed in senile psychoses, 76.9 years; psychoses with cerebral arteriosclerosis, 71.8 years; traumatic psychoses, 70.0 years; paranoia or paranoid conditions, 65.0 years; and cerebral syphilis, 61.2 years (Table 66). The lowest average ages at death are noted as occurring in cases without psychoses, 42.3 years; psychoses with brain tumor, 46.2 years; psychoses due to drugs, 47.5 years; and mental deficiency, 48.0 years. The average age for all deaths combined was 62.6 years, the males showing an average age of 60.4 years, and females 65.1 years.

TABLE 66. — *Average Age at Death of Committed Patients Dying during 1931, by Psychoses.*

PSYCHOSES.	NUMBER.			AVERAGE AGE IN YEARS AT DEATH.		
	M.	F.	T.	M.	F.	T.
Traumatic	2	—	2	70.0	—	70.0
Senile	97	168	265	76.4	77.1	76.9
With cerebral arteriosclerosis	251	189	440	70.6	73.3	71.8
General paralysis	126	24	150	48.3	49.3	48.4
With cerebral syphilis	5	3	8	65.4	54.1	61.2
With Huntington's chorea	2	3	5	45.0	52.5	49.5
With brain tumor	2	2	4	47.5	45.0	46.2
With other brain or nervous diseases	15	14	29	51.5	50.0	50.7
Alcoholic	68	25	93	59.6	58.5	59.3
Due to drugs and other exogenous toxins	1	1	2	37.5	47.5	47.5
With pellagra	1	—	1	57.5	—	57.5
With other somatic diseases	26	30	56	58.0	55.1	56.5
Manic-depressive	44	49	93	57.5	58.5	58.0
Involution melancholia	12	26	38	64.5	57.8	60.0
Dementia praecox	158	158	316	51.3	57.5	54.4
Paranoia or paranoid conditions	4	16	20	63.7	65.3	65.0
Epileptic psychoses	21	14	35	45.5	52.1	48.2
Psychoneuroses and neuroses	2	6	8	45.0	64.1	59.3
With psychopathic personality	1	2	3	57.5	50.0	52.5
With mental deficiency	22	12	34	49.1	45.8	48.0
Undiagnosed psychoses	9	8	17	59.7	53.1	56.6
Without psychoses	13	4	17	43.0	40.0	42.3
All clinical groups	882	754	1,636	60.4	65.1	62.6

If we consider only the psychoses which are of importance numerically, we see that the most significant differences between the sexes are observed in the epileptic psychoses where we note that the females have an average age at death of nearly 7 years higher than that of the males (males 45.5 years, females 52.1 years). In cases with involution melancholia there is also a difference of seven years, although in this instance the males show the highest average age at death (males 64.5 years, females 57.8 years). In dementia praecox we observe that the males tend to have a lower average age at death (males 51.3 years, females 57.5 years).

AVERAGE AGE AT DEATH, BY HOSPITAL.

Table 67 shows the average age at death by the individual hospitals under the supervision of the Department of Mental Diseases. The highest age at death is observed at the McLean Hospital, Westborough and Northampton, with 65.9 years each. The next highest age at death is at Boston State Hospital, 65.5 years, followed by Taunton and Tewksbury, 64.9 years each.

TABLE 67. — *Average Age at Death of Committed Patients Dying during the Year Ended September 30, 1931, by Hospital.*

HOSPITALS.	NUMBER OF DEATHS.			AVERAGE AGE AT DEATH.		
	M.	F.	T.	M.	F.	T.
Boston State	141	146	287	62.3	68.6	65.5
Boston Psychopathic	6	4	10	42.5	36.2	40.0
Danvers	127	138	265	60.4	65.1	62.8
Foxborough	36	40	76	58.9	62.0	60.5
Gardner	25	31	56	59.9	63.1	61.7
Grafton	18	26	44	51.3	58.0	55.3
Medfield	40	52	92	58.0	64.7	61.7
Metropolitan	1	1	2	57.5	52.5	55.0
Northampton	80	51	131	66.0	65.7	65.9
Taunton	104	79	183	62.8	67.7	64.9
Westborough	73	56	129	66.8	64.9	65.9
Worcester	123	91	214	58.6	64.6	61.1
Monson	16	4	20	40.4	38.7	40.1
McLean	11	8	19	66.1	65.6	65.9
Bridgewater	31	—	31	55.7	—	55.7
Tewksbury	24	27	51	63.7	66.0	64.9
U. S. Veterans' No. 107	10	—	10	42.5	—	42.5
U. S. Veterans' No. 95	16	—	16	39.3	—	39.3
All Hospitals.	882	754	1,636	60.4	65.1	62.6

The lowest average age at death is observed at the U. S. Veterans' Hospital No. 95 with 39.3 years, and the Boston Psychopathic Hospital, 40.0 years. It will be observed that the average age at death for females is 4.7 years higher than that of the males (60.4 years for males and 65.1 years for females).

Section E. Resident Population of Mental Hospitals on September 30, 1931.

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1931. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1931. On that date there were 21,842 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards—Tewksbury, U. S. Veterans' Hospitals No. 95 and No. 107, and McLean Hospital. Eleven thousand, one hundred and twelve of these were males, and 10,730 were females.

In the following discussions concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE SEPTEMBER 30, 1931.

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 10.43 years (Table 68 and Graph 5). Next in order are epileptic psychoses, 9.81 years; alcoholic, 9.66 years; and psychoses

with mental deficiency, 9.57 years. Probably it is no coincidence that these same psychoses tend to show the longest terms of residence during each statistical year. The shortest average periods of residence are observed in the undiagnosed psychoses, 1.04 years; psychoses with cerebral arteriosclerosis, 2.82 years; psychoneuroses and neuroses, 3.37 years; and psychoses with Huntington's chorea, 3.65 years. The average length of stay for all psychoses is 8.68 years. It will be noted that the females have a slightly longer average residence than the males, insofar as they have remained 8.76 years as compared with 8.61 years for the males, a difference of approximately three weeks.

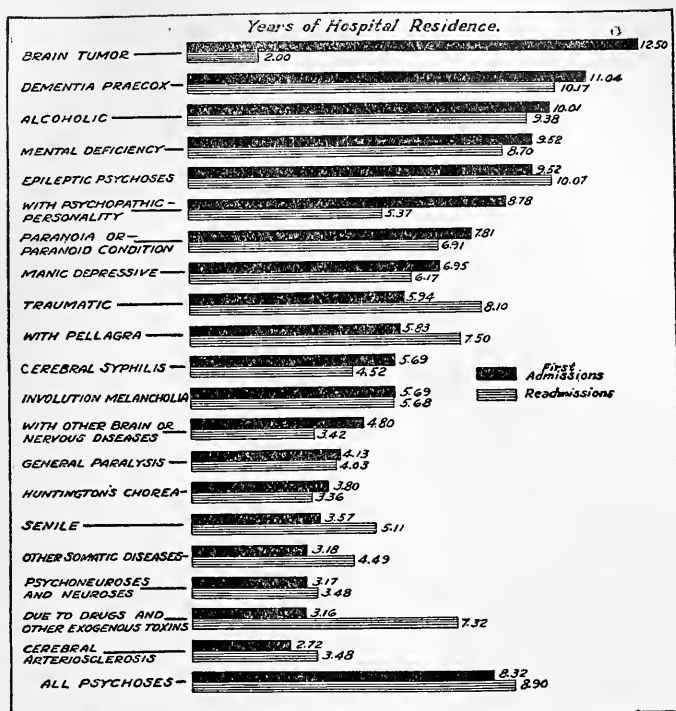
TABLE 68. — *Average Length of Hospital Stay during the Present Admission; First Admissions and Readmissions in Residence on September 30, 1931, by Psychoses.*¹

PSYCHOSES.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS.								
	TOTAL CASES IN RESIDENCE.			FIRST ADMISSION CASES.			READMISSION CASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	5.95	6.83	6.04	6.23	4.70	5.94	7.76	17.50	8.10
Senile	3.74	3.95	3.88	3.39	3.66	3.57	5.39	5.01	5.11
With cerebral arteriosclerosis	2.63	3.02	2.82	2.49	2.95	2.72	3.05	3.97	3.48
General paralysis	3.77	5.20	4.08	3.67	5.42	4.13	3.45	6.85	4.03
With cerebral syphilis	3.99	7.36	5.06	3.84	9.16	5.69	4.10	5.56	4.52
With Huntington's chorea	4.00	2.96	3.65	4.50	2.16	3.80	2.83	4.16	3.36
With brain tumor	1.50	7.50	5.50	—	12.50	12.50	1.50	2.50	2.00
With other brain or nervous diseases	4.10	4.81	4.38	4.77	4.83	4.80	2.73	4.80	3.42
Alcoholic	9.57	10.15	9.66	9.99	10.20	10.01	9.21	10.13	9.38
Due to drugs and other exogenous toxins	4.98	6.35	5.70	.19	5.54	3.16	7.72	6.93	7.32
With pellagra	4.50	7.50	6.30	4.16	7.50	5.83	—	7.50	7.50
With other somatic diseases	3.95	3.60	3.73	2.78	3.44	3.18	5.61	3.82	4.49
Manic-depressive	5.57	6.88	6.38	6.19	7.37	6.95	5.36	6.69	6.17
Involution melancholia	3.91	6.45	5.69	4.34	6.33	5.69	3.25	6.59	5.68
Dementia praecox	10.38	10.48	10.43	11.78	10.24	11.04	9.76	10.57	10.17
Paranoia or paranoid conditions	7.03	7.34	7.24	6.59	8.40	7.81	7.27	6.73	6.91
Epileptic psychoses	9.03	10.54	9.81	8.16	10.66	9.52	9.52	10.62	10.07
Psychoneuroses and neuroses	2.72	3.77	3.37	2.00	4.06	3.17	3.21	3.63	3.48
With psychopathic personality	7.15	6.01	6.62	10.09	7.35	8.78	6.03	4.59	5.37
With mental deficiency	9.32	9.83	9.57	10.48	8.40	9.52	8.70	8.70	8.70
Undiagnosed psychoses	1.20	.62	1.04	.60	.71	.65	1.39	.50	1.23
Without psychoses	6.75	7.01	6.87	6.37	7.31	6.81	7.39	6.37	6.95
All clinical groups	8.61	8.76	8.68	8.69	7.93	8.32	8.56	9.25	8.90

¹This table considers only the length of time spent in hospitals during the *present* admission.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.32 years. There is a noticeable sex difference here, however, in that the males have remained longer than the females, or 8.69 years for males and 7.93 years for females. Excluding psychoses with brain tumor because of the few cases involved, patients with dementia praecox have the longest hospital stay, 11.04 years, followed by alcoholic psychoses, 10.01 years, and psychoses with mental deficiency and epileptic psychoses, 9.52 years each. The shortest average periods of hospital residence are observed in undiagnosed psychoses, .65 years; psychoses with cerebral arteriosclerosis, 2.72 years; psychoses due to drugs, 3.16 years; and psychoneuroses and neuroses, 3.17 years.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous admissions, but concerns the length of residence during this admission only. In considering the total time spent in the hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 8.90 years, or .58 years longer than the average stay of first admissions in residence. The females have a slight tendency to remain longer than the males, an average of 9.25 years as compared with 8.56 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remained a longer time.



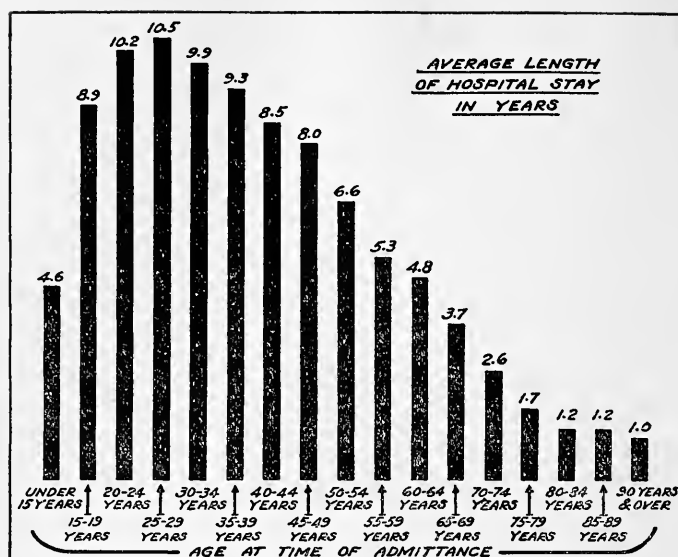
GRAPH 5.—AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1931, BY PSYCHOSES.

AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1931, BY AGE AT ADMISSION.

Table 69 and Graph 6 give the average length of stay of all first and readmissions in the resident population by age at admission. First admissions in the resident group who were admitted under the age of 15 years have remained in the institution an average of 4.0 years, while readmissions in the resident group remained an average of 5.6 years. First admissions and readmissions admitted in the age group 15-19 years have remained an average of 9.0 and 9.9 years, respectively. Those admitted between 20 and 24 years remained an average of 10.7 and 9.9 years, respectively.

TABLE 69.—Average Length of Hospital Stay of First Admissions and Readmissions in Residence on September 30, 1931, by Age at Admission.

AGE AT ADMISSION.	AVERAGE LENGTH OF HOSPITAL STAY.		
	ALL ADMISSIONS.	FIRST ADMISSIONS.	READMISSIONS.
Under 15 years	4.6	4.0	5.6
15-19 years	8.9	9.0	9.9
20-24 years	10.2	10.7	9.9
25-29 years	10.5	10.9	10.2
30-34 years	9.9	10.3	9.8
35-39 years	9.3	9.4	9.3
40-44 years	8.5	8.9	8.4
45-49 years	8.0	8.1	7.9
50-54 years	6.6	6.6	6.6
55-59 years	5.3	5.2	5.3
60-64 years	4.8	4.1	5.4
65-69 years	3.7	3.2	4.3
70-74 years	2.6	2.0	4.2
75-79 years	1.7	1.6	2.0
80-84 years	1.2	1.2	1.5
85-89 years	1.2	1.1	2.7
90 years and over	1.0	1.0	—



GRAPH 6. — AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1931, BY AGE AT ADMISSION.

With the exception of the age groups between 20 and 49 years, it will be observed that the average length of residence for each age group is greater for readmissions in residence than for first admissions. This difference averages approximately one year for each of the groups with the exception of the age at admission group 70-74 years where the average length of stay of readmissions is two years longer than that of first admissions.

TABLE 70. — Average Time on Books, Average Time Out and Average Time Within Institutions during All Previous Admissions, All Readmitted Cases in Residence on September 30, 1931, by Psychoses.

PSYCHOSES.	AVERAGE TIME IN YEARS.								
	ON BOOKS OF INSTITUTION.			SPENT OUT OF INSTITUTION.			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1.77	1.50	1.76	.28	.50	.29	1.49	1.00	1.47
Senile	1.32	2.13	1.91	.21	.18	.19	1.11	1.95	1.72
With cerebral arteriosclerosis	1.13	1.80	1.44	.40	.51	.45	.73	1.29	.99
General paralysis	1.21	1.75	1.30	.23	.37	.25	.98	1.38	1.05
With cerebral syphilis	2.23	3.78	2.68	.35	.29	.33	1.88	3.49	2.35
With Huntington's chorea	3.26	1.65	2.62	.56	—	.34	2.70	1.65	2.28
With brain tumor	2.54	.04	1.27	1.50	—	.75	1.04	.04	.52
With other brain or nervous diseases	1.68	1.46	1.61	.22	.25	.23	1.46	1.21	1.38
Alcoholic	3.62	4.65	3.81	.38	.50	.40	3.24	4.15	3.41
Due to drugs and other exogenous toxins	2.60	5.94	4.27	.30	.005	.15	2.30	5.93	4.12
With pellagra	—	7.50	7.50	—	—	—	—	7.50	7.50
With other somatic diseases	2.27	.86	1.39	.16	.27	.23	2.11	.59	1.16
Manic-depressive	3.05	3.70	3.44	.81	.96	.90	2.24	2.74	2.54
Involution melancholia	2.35	1.63	1.83	.37	.39	.39	1.98	1.24	1.44
Dementia praecox	4.48	5.16	4.82	.36	.42	.39	4.12	4.74	4.43
Paranoia or paranoid conditions	2.88	2.39	2.55	.37	.40	.39	2.51	1.99	2.16
Epileptic psychoses	3.44	3.94	3.69	.48	.45	.46	2.96	3.49	3.23
Psychoneuroses and neuroses	1.11	2.05	1.71	.36	.53	.47	.75	1.52	1.24
With psychopathic personality	2.80	3.43	3.09	.42	.70	.55	2.38	2.73	2.54
With mental deficiency	8.85	8.96	8.90	.51	.46	.48	8.34	8.50	8.42
Undiagnosed psychoses	2.82	1.00	2.50	1.72	.01	1.42	1.10	.99	1.08
Without psychoses	5.00	4.72	4.88	.69	.61	.66	4.31	4.11	4.22
All clinical groups	4.09	4.65	4.37	.40	.49	.44	3.69	4.16	3.93

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS,
ALL READMITTED CASES IN RESIDENCE.

Table 70 reveals the average time that the readmitted cases in residence spent on the books, the average time spent out on visit, and the average net time spent within institutions during all previous admissions. In noting the total for the time on the books of all psychoses combined, we see that the males remained 4.09 years, the females 4.65 years, and both sexes together a total of 4.37 years. The males remained out of institutions an average of .40 years, the females, .49 years, and both sexes, .44 years. This gives a net time within the institutions of 3.69 years for males, 4.16 years for females, and 3.93 years for both sexes. During their previous admissions these readmitted cases spent approximately 90 per cent of their total time within the institutions. The above averages on length of time are somewhat larger than the averages for 1929 and 1930. In 1929 the average net time within residence for both sexes was 3.34 as compared with 3.35 for 1930, and 3.93 for 1931.

Considering the numerically important psychoses, the longest average time on the books of institutions occurs in patients having psychoses with mental deficiency, 8.90 years; dementia praecox, 4.82 years; alcoholic psychoses, 3.81 years; epileptic psychoses, 3.69 years; and manic-depressive psychoses, 3.44 years.

Considering the time that these patients spent actually within the institution, and again disregarding the numerically unimportant psychoses, we observe that the longest net hospital residence occurred in psychoses with mental deficiency, 8.42 years. The next in order were dementia praecox, 4.43 years; alcoholic psychoses, 3.41 years; and epileptic psychoses, 3.23 years. Recalling that this average of 3.93 years is a total for all *previous* admissions, we might say that the average appears to be lower than would be expected, particularly if we consider the time which these readmitted and in residence cases have spent in the institution during their *present* admission, 8.90 years (see Table 68). This table gives a good picture of the type of case which is readmitted and tends to remain in residence within our institutions. It also gives some indication of the length of stay during early hospital residences for the various psychoses.

TABLE 71. — *Average Length of Hospital Stay during Previous Admissions and Present Admission; All Readmitted Cases in Residence, 1931, by Psychoses.*

PSYCHOSES.	AVERAGE TIME IN YEARS.								
	TIME IN INSTITUTION DURING PREVIOUS ADMISSIONS.			TIME IN INSTITUTION DURING PRESENT ADMISSION.			TIME IN INSTITUTION DURING ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1.49	1.00	1.47	7.76	17.50	8.10	9.25	18.50	9.57
Senile	1.11	1.95	1.72	5.39	5.01	5.11	6.50	6.96	6.83
With cerebral arteriosclerosis . . . . .	.73	1.29	.99	3.05	3.97	3.48	3.78	5.26	4.47
General paralysis . . . . .	.98	1.38	1.05	3.45	6.85	4.03	4.43	8.23	5.08
With cerebral syphilis	1.88	3.49	2.35	4.10	5.56	4.52	5.98	9.05	6.87
With Huntington's chorea	2.70	1.65	2.28	2.83	4.16	3.36	5.53	5.81	5.64
With brain tumor	1.04	.04	.54	1.50	2.50	2.00	2.54	2.54	2.54
With other brain or nervous diseases	1.46	1.21	1.38	2.73	4.80	3.42	4.19	6.01	4.80
Alcoholic	3.24	4.15	3.41	9.21	10.13	9.38	12.45	14.28	12.79
Due to drugs and other exogenous toxins	2.30	5.93	4.12	7.72	6.93	7.32	10.02	12.86	11.44
With pellagra	—	7.50	7.50	—	7.50	7.50	—	15.00	15.00
With other somatic diseases	2.11	.59	1.16	5.61	3.82	4.49	7.72	4.41	5.65
Manic-depressive	2.24	2.74	2.54	5.36	6.69	6.17	7.60	9.43	8.71
Involution melancholia	1.98	1.24	1.44	3.25	6.59	5.68	5.23	7.83	7.12
Dementia praecox	4.12	4.74	4.43	9.76	10.57	10.17	13.88	15.31	14.60
Paranoia or paranoid conditions	2.51	1.99	2.16	7.27	6.73	6.91	9.78	8.72	9.07
Epileptic psychoses	2.96	3.49	3.23	9.52	10.62	10.07	12.48	14.11	13.30
Psychoneuroses and neuroses . . . . .	.75	1.52	1.24	3.21	3.63	3.48	3.96	5.15	4.72
With psychopathic personality	2.38	2.73	2.54	6.03	4.59	5.37	8.41	7.32	7.91
With mental deficiency	8.34	8.50	8.42	8.70	8.70	8.70	17.04	17.20	17.12
Undiagnosed psychoses	1.10	.99	1.08	1.39	.50	1.23	2.48	1.49	2.31
Without psychoses	4.31	4.11	4.22	7.39	6.37	6.95	11.70	10.48	11.17
All clinical groups	3.69	4.16	3.93	8.56	9.25	8.90	12.25	13.41	12.83

TABLE 72. — *First Admissions and Readmissions in Residence on September 30, 1931, by Psychoses, Percentage Distribution.*

PSYCHOSES.	TOTAL IN RESIDENCE.						FIRST ADMISSIONS IN RESIDENCE.						READMISSIONS IN RESIDENCE.						PERCENT.		
	NUMBER.			PERCENT.			NUMBER.			PERCENT.			NUMBER.			PERCENT.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	6	54	4	1	2	21	5	26	5	1	3	27	1	28	4	.01	.2			
Senile	199	455	654	1.8	4.2	3.0	164	353	522	3	9	6.5	35	97	132	.5	1.4	1.0			
With cerebral arteriosclerosis	446	432	878	4.1	4.0	4.0	332	334	666	7	9	8.1	114	98	212	1.6	1.4	1.5			
General paralysis	466	127	593	4.2	1.2	2.7	205	73	279	4	9	8.2	260	54	314	3.8	.8	2.3			
With cerebral syphilis	69	32	101	.6	.4	.5	30	16	46	.7	4	.6	39	16	55	.6	.2	.4			
With Huntington's chorea	10	5	15	.1	.04	.1	7	3	10	.2	.1	.1	3	2	5	.04	.02	.03			
With brain tumor	1	2	3	.008	.01	.01	—	1	1	—	.02	.01	1	1	2	.01	.01	.01			
With other brain or nervous diseases	139	86	225	1.3	.8	1.0	57	45	102	1.4	1.1	1.2	82	41	123	1.2	.60	.9			
Alcoholic	1,066	197	1,263	9.5	1.8	5.8	493	67	560	11.8	1.7	6.9	573	130	703	8.3	1.9	5.1			
Due to drugs and other exogenous toxins	11	12	23	.1	.1	.1	4	5	9	.1	.1	.1	7	7	14	.1	.1	.1			
With pellagra	2	3	5	.01	.02	.02	2	2	4	.04	.1	.1	—	1	1	—	.01	.007			
With other somatic diseases	58	94	152	.5	.9	.7	34	54	88	.8	1.1	1.1	24	40	64	.3	.6	.5			
Manic-depressive	674	1,090	1,764	6.1	10.2	8.1	170	309	479	4.1	7.9	5.9	504	781	1,285	7.3	11.5	9.4			
Involution melancholia	125	292	417	1.1	2.7	1.9	75	159	234	1.8	4.0	2.9	50	133	183	.7	2.0	1.3			
Dementia praecox	5,590	5,614	11,204	50.3	52.3	51.3	1,709	1,578	3,287	40.8	40.2	40.5	3,881	4,036	7,917	56.0	59.3	57.7			
Paranoia or paranoid conditions	189	373	562	1.7	3.5	2.6	137	204	341	1.6	3.5	2.5	122	236	358	1.8	3.5	2.6			
Epileptic psychoses	529	567	1,096	4.8	5.3	5.0	189	226	415	4.5	5.7	5.1	340	341	681	4.9	5.0	4.9			
Psychoneuroses and neuroses	45	72	117	.4	.7	.5	18	24	42	.4	.6	.5	27	48	75	.4	.7	.5			
With psychopathic personality	101	87	188	.9	.8	.9	36	33	69	.9	.8	1.0	65	54	119	.9	.8	.9			
With mental deficiency	1,590	763	2,353	7.4	7.1	7.3	288	249	537	6.9	6.4	6.6	539	514	1,053	7.8	7.6	7.7			
Undiagnosed psychoses	25	9	34	.2	.1	.2	6	5	11	.2	.1	.2	19	4	23	.3	.1	.2			
Without psychoses	492	411	903	4.4	3.8	4.1	275	244	519	6.6	6.3	6.4	217	167	384	3.1	2.5	2.8			
Diagnosis deferred	—	1	1	—	.009	.004	—	1	1	—	.02	.01	—	—	—	—	—	—			
Total	11,112	10,730	21,842	100.0	100.0	100.0	4,183	3,928	8,111	100.0	100.0	100.0	6,929	6,802	13,731	100.0	100.0	100.0			

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS
AND PRESENT ADMISSION: ALL READMITTED CASES IN RESIDENCE.

In Table 71 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 12.83 years. An average of 8.90 years, or 69.3 per cent of the total hospital residence has been spent in hospitals during the *present* admission, and 3.93 years, or 30.7 per cent of the total hospital residence was spent in hospitals during *previous* admissions. This finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: dementia praecox, 10.17 years; epileptic psychoses, 10.07 years; alcoholic psychoses, 9.38 years; with mental deficiency, 8.70 years; and traumatic psychoses, 8.10 years. The psychoses with cerebral arteriosclerosis and the psychoneuroses and neuroses, 3.48 years each; psychoses with other brain or nervous diseases, 3.42 years; psychoses with Huntington's chorea, 3.36 years; psychoses with brain tumor, 2.00 years; and undiagnosed psychoses, 1.23 years; remained the shortest time during the present admission. A very slight sex difference is observed in that the females have been in residence two-thirds of a year longer, on the average, than the males; that is, 9.25 years as compared with 8.56 years.

In considering these readmissions in the light of the total time within institutions during all admissions, we observe that the longest period of hospital residence during all admissions occurs in psychoses with mental deficiency, 17.12 years. The other psychoses in order of frequency are: psychoses with pellagra, 15.00 years; dementia praecox, 14.60 years; epileptic psychoses, 13.30 years; and alcoholic psychoses, 12.79 years. The psychoses showing the shortest total average length of stay are: psychoses with other brain or nervous diseases, 4.80 years; psychoneuroses and neuroses, 4.72 years; psychoses with cerebral arteriosclerosis, 4.47 years; brain tumor, 2.54 years; and undiagnosed psychoses, 2.31 years. In this group we observe a tendency for the female readmissions to average 1.16 years longer in institutions than males, or 13.41 years as compared with 12.25 years.

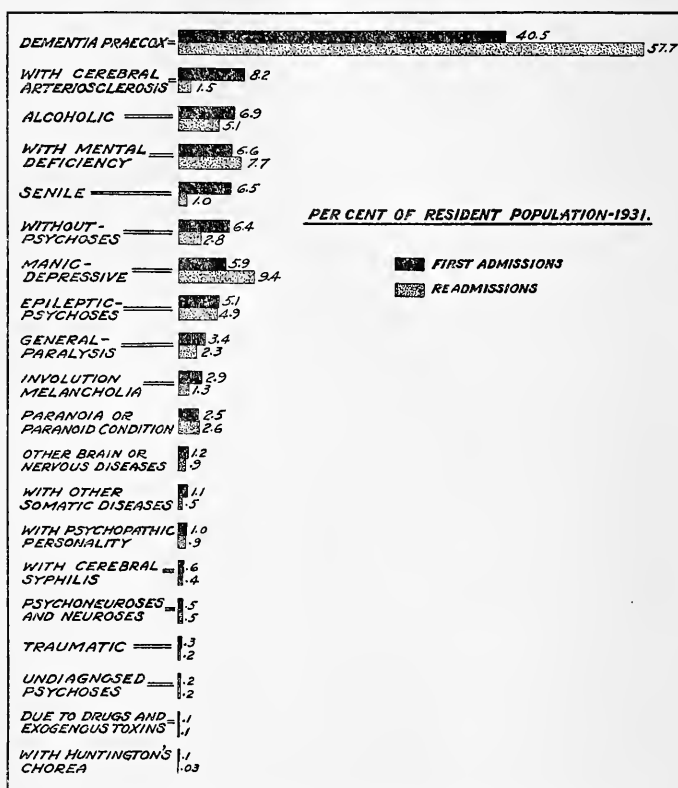
PSYCHOSES OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE,
SEPTEMBER 30, 1931.

Table 72 and Graph 7 give the number and percentage distribution of the psychoses in all first admissions and readmissions in residence in mental hospitals on September 30, 1931. This table shows quite definitely the psychoses which are tending to remain within the institutions among the first admissions. Among the readmissions it also reveals what readmitted psychoses tend to remain in institutions.

In the *first admissions* in residence, the psychoses occurring with the greatest frequency are: dementia praecox, 40.5 per cent; psychoses with cerebral arteriosclerosis, 8.2 per cent; alcoholic psychoses, 6.9 per cent; psychoses with mental deficiency, 6.6 per cent; and senile psychoses, 6.5 per cent. The psychoses presenting the lowest proportions in the first admissions in residence are found in psychoses with brain tumor, psychoses with pellagra, psychoses with Huntington's chorea, and psychoses due to drugs.

In studying the *readmissions* in residence, we note some changes in this order of frequency. Dementia praecox still heads the list with 57.7 per cent, with manic-depressive psychoses second in order with 9.4 per cent. The other psychoses in order of frequency are: psychoses with mental deficiency, 7.7 per cent; alcoholic psychoses, 5.1 per cent; and epileptic psychoses, 4.9 per cent. We note that the proportion of cases with dementia praecox is 17.2 per cent higher among the resident readmissions than in the resident first admissions. Other psychoses showing a proportional increase among the readmissions are: manic-depressive psychoses

(3.5 per cent excess) and psychoses with mental deficiency (1.1 per cent excess). The majority of the psychoses show a relative deficiency in the readmissions which is balanced by the tremendous excess observed in the cases of dementia praecox.



GRAPH 7. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1931, BY PSYCHOSES; PERCENTAGE DISTRIBUTION.

FIRST ADMISSIONS AND READMISSIONS DURING 1931, COMPARED WITH FIRST ADMISSIONS AND READMISSIONS IN THE RESIDENT POPULATION.

Table 73 gives the percentage distribution of the psychoses in first admissions and readmissions during the year 1931, and compares this with the percentage distribution of the psychoses in first admissions and readmissions of the resident population on September 30, 1931. In this table we may take the first admissions and the readmissions for 1931 as a sample of the distribution of the various psychoses admitted to our institutions during any one year. There are slight deviations from year to year in this, but the percentage differences are not large. That is, the psychoses presented in these first admissions and readmissions are more or less typical of the group of patients coming into our institutions year after year. As we compare the percentage distribution of psychoses in the resident population, we may then determine the particular psychoses which have a tendency to be retained within the institutions and, inversely, those which show a tendency to leave the institutions either by death or discharge.

As we have divided the resident population into first admissions and readmissions, and calculated the percentage distribution of psychoses for each of these groups, it now becomes possible to compare the first admissions during 1931 with the first admissions in the resident population on September 30, 1931. In interpreting these results, we should recall that if a psychosis has a discharge rate (including deaths) which equalled its admission rate, the percentages in the first admissions

for 1931 and in the first admissions of the resident population would tend to be the same. However, if the percentage for a certain psychosis in the first admissions of the resident population is less than the percentage for first admissions, 1931, we may say that the discharge rate for that particular psychosis is higher than the admission rate, and that these patients are leaving the institution at a more rapid rate than they are coming in. Again, if the percentage for a particular psychosis in the resident population first admissions is higher than that observed in the first admissions for 1931, we may say that the discharge rate for that psychosis is much lower than the admission rate and, therefore, there is a decided tendency for the retention of patients with this particular psychosis.

TABLE 73. — *First Admissions and Readmissions, 1931; and First Admissions and Readmissions in the Resident Population September 30, 1931, by Certain Psychoses; Percentage Distribution.*

PSYCHOSES.	FIRST ADMISSIONS ¹ 1931.	READ- MISSIONS ¹ 1931.	RESIDENT POPULATION, SEPTEMBER 30, 1931.	
			FIRST ADMISSIONS.	READMISSIONS.
Senile	8.4	2.1	6.5	.9
With cerebral arteriosclerosis	19.4	4.4	8.2	1.5
General paralysis	6.4	3.7	3.4	2.4
Alcoholic	6.3	4.9	6.9	5.1
With other somatic diseases	3.7	.9	1.1	.5
Manic-depressive	12.2	29.4	5.9	9.4
Involution melancholia	3.0	3.0	2.9	1.3
Dementia praecox	22.8	34.9	40.5	57.7
Paranoia or paranoid conditions	2.7	2.1	2.5	2.6
Epileptic psychoses	1.3	1.5	5.2	4.9
With mental deficiency	4.8	4.9	6.6	7.7
Without psychoses	1.9	2.3	6.4	2.8
All other psychoses	7.1	5.9	3.9	3.2
Total	100.0	100.0	100.0	100.0

¹Includes first admissions and readmissions by regular court commitment.

As we compare the percentage distributions for first admissions during 1931 with that of first admissions in the resident population at the end of the statistical year, we note that the percentages for specific psychoses in the resident group are lower in the following psychoses: senile psychoses, psychoses with cerebral arteriosclerosis, general paralysis, other somatic diseases, manic-depressive, involution melancholia, and paranoia. That is, in reference to first admissions, we may say that these psychoses tend to have a higher discharge rate than admission rate, and no tendency toward retention within our institutions.

The percentages for specific psychoses of first admissions in the resident population are higher than the corresponding percentages in the first admissions during the year in the case of alcoholic psychoses, dementia praecox, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. The above group show a definite tendency to be retained within institutions.

We will now compare the psychoses of readmissions for the current year with those of the readmissions in residence at the end of the statistical year. We note again that the percentage distribution among the readmissions in residence is lower for certain psychoses than the percentage for the same psychoses in the readmissions during 1931. Psychoses falling in this class are: senile psychoses, cerebral arteriosclerosis, general paralysis, other somatic diseases, manic-depressive psychoses, and involution melancholia. That is, considering the readmissions, we note again that there is a tendency for cases with the foregoing psychoses to leave the institutions (by discharge or death) and not to be retained within institutions. Again we note that the percentages for certain psychoses are higher among the resident readmissions than among the readmissions for 1931, indicating that there is a definite tendency for cases with these psychoses to be retained. The particular psychoses concerned are: alcoholic psychoses, dementia praecox, paranoia, epileptic psychoses, psychoses with mental deficiency, and cases without psychoses. It will be observed

that these are practically the same psychoses that showed a tendency to be retained among the first admissions in the resident population.

MONTH OF ADMISSION FOR ADMISSIONS, MONTH OF DISCHARGE AND MONTH OF DEATH DURING 1931, COMPARED WITH MONTH OF ADMISSION, ALL CASES IN RESIDENCE.

Table 74 discusses the month of admission for all admissions, the month of discharge and month of death during the year 1931, and month of admission for all cases in residence on September 30, 1931. The months showing the greatest proportion of admissions for cases who entered hospitals during the year are July with 9.5 per cent, and April with 9.4 per cent. November with 7.1 per cent, and December with 7.8 per cent show the lowest proportion of admissions. In general we may say that the six-month period from March to August, inclusive, presents the largest number of admissions, and that the period from September to February presents the lowest number of admissions.

TABLE 74. — *Month of Admission for Admissions, Month of Discharge, Month of Death, and Month of Admission of All Cases in Residence, September 30, 1931.*

MONTH.	MONTH OF ADMISSION ALL ADMISSIONS, 1930. ¹		MONTH OF DISCHARGE ALL DISCHARGES, 1931. ¹		MONTH OF DEATH ALL DEATHS, 1931.		MONTH OF ADMISSION ALL CASES IN RESIDENCE, SEPTEMBER 30, 1931.	
	NUMBER.	PERCENT	NUMBER.	PERCENT.	NUMBER.	PERCENT.	NUMBER.	PERCENT.
1930.								
October . . .	552	7.9	357	7.7	155	8.6	1,760	8.1
November . . .	494	7.1	382	8.3	139	7.7	1,545	7.1
December . . .	541	7.8	355	7.7	143	7.9	1,729	7.9
1931.								
January . . .	552	7.9	313	6.8	195	10.8	1,616	7.4
February . . .	548	7.9	358	7.7	176	9.7	1,621	7.4
March . . .	561	8.1	360	7.8	177	9.8	2,020	9.2
April . . .	657	9.4	433	9.3	121	6.7	1,840	8.4
May . . .	632	9.1	437	9.4	158	8.7	1,980	9.1
June . . .	625	9.0	417	9.0	139	7.7	2,008	9.2
July . . .	665	9.5	441	9.5	130	7.2	1,890	8.7
August . . .	587	8.4	398	8.6	135	7.5	1,821	8.3
September . . .	550	7.9	378	8.2	139	7.7	2,012	9.2
Total . . .	6,964	100.0	4,629	100.0	1,807	100.0	21,842	100.0

¹Does not include transfers.

In considering the discharges for 1931, we note that the high months of discharge are July with 9.5 per cent, and May with 9.4 per cent. The low months are January with 6.8 per cent, and October, December and February, with 7.7 per cent each. Dividing the discharges into half-year periods, we see that the greatest number of discharges occurred during the six-month period from April to September, inclusive, and the smallest number of discharges occurred between October and March, inclusive.

The largest number of patients dying occurred during the month of January with 10.8 per cent, while the smallest number died in April with 6.7 per cent. Among the deaths there is a period of three months, namely, January to March, inclusive, in which the largest number of deaths occurred. Conversely, the smallest number of deaths are observed in the three-month period July to September, inclusive.

The resident population presents March, June and September as the high months of admission with 9.2 per cent each, respectively. November is the low month with 7.1 per cent. It should be recalled that in the resident population we are dealing with the residual population after discharges and deaths have been subtracted from admissions. Here we note that the period presenting the highest proportion of admissions extends from March to September, inclusive. The period presenting the lowest proportion of admissions extends from October to February, inclusive.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE.

The total number of patients resident in mental hospitals on September 30, 1931, was 21,842. Thirteen thousand, seven hundred and thirty-one of these resident cases, or approximately 62 per cent, were readmissions (Table 75). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. This fact reveals that the readmissions tend to be retained and contribute a larger proportion of the residual population of mental hospitals.

TABLE 75. — *Admission Ages of First Admissions and Readmissions in the Resident Population on September 30, 1931.*

AGE OF ADMISSION.	TOTAL.			FIRST ADMISSIONS.			READMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	246	223	469	163	136	299	83	87	170
15-19 years	478	364	842	219	161	380	259	203	462
20-24 years	1,045	705	1,750	441	274	715	604	431	1,035
25-29 years	1,493	1,046	2,539	503	347	850	990	699	1,689
30-34 years	1,712	1,280	2,992	492	389	881	1,220	891	2,111
35-39 years	1,577	1,441	3,018	507	435	942	1,070	1,006	2,076
40-44 years	1,234	1,338	2,572	392	387	779	842	951	1,793
45-49 years	982	1,213	2,195	350	377	727	632	836	1,468
50-54 years	731	1,057	1,788	265	357	622	466	700	1,166
55-59 years	562	721	1,283	200	259	459	362	462	824
60-64 years	420	482	902	222	215	437	198	267	465
65-69 years	284	346	630	155	189	344	129	157	286
70-74 years	179	252	431	137	176	313	42	76	118
75-79 years	101	139	240	80	114	194	21	25	46
80-84 years	53	86	139	44	75	119	9	11	20
85-89 years	15	30	45	13	30	43	2	—	2
90 years and over . . .	—	7	7	—	7	7	—	—	—
Total	11,112	10,730	21,842	4,183	3,928	8,111	6,929	6,802	13,731
Average Admission Age	39.0	42.4	40.7	40.5	44.6	42.5	38.1	41.1	39.6

The average age at admission for all cases in the resident population is 40.7 years for both sexes: 39.0 for the males and 42.4 for the females. When we compared the first admissions for the year 1931 we found that the females averaged 1.4 years older than the males. In the resident population we observe that the sex difference in admission age is 3.4 years, the females again being the older.

The resident first admissions present 942 patients admitted between the ages 35-39 years. The admission age group 30-34 years is second with 881 patients. The age group 25-29 years is third with 850 admitted. We note a sharp reduction in the numbers admitted in the age group 40-44 years as compared with the age group 35-39 years. The average admission age for both sexes is 42.5 years: 40.5 years for the males and 44.6 years for the females. We see here a sex difference of over 4 years, the females presenting a higher average age at admission.

Among the readmissions we note that the modal admission age falls in the age group 30-34 years, or 5 years earlier than was observed in the first admissions in residence. The average admission age for both sexes for all readmissions is 39.6 years: for males 38.1 years, and for females 41.1 years. We notice here that the observed sex difference is exactly 3 years. We note also that the average age at admission for readmissions (39.6 years) is 3 years less than the average age for first admissions in residence.

We have here an apparent inconsistency in that readmissions are admitted to the institutions with a lower average age than first admissions. This suggests that the readmissions are made up of cases developing a psychosis in the earlier ages and, consequently, the readmission ages are below average. At the same time it should be recalled that readmissions are made up of psychoses occurring in the younger age groups and are comparatively rare among the psychoses occurring in the older age groups. On the other hand, the first admissions are made up of psychoses occurring at all ages. In this group the death rate in the older age groups will be high and, therefore, the possibility of readmission in the psychoses of the higher age groups is less. This in a certain measure may account for the higher age observed in first admissions as compared with readmissions.

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE.

Table 76 shows the *present* age distribution of first admissions and readmissions in the resident population of our mental hospitals on September 30, 1931. Here it will be observed that the average present age of all cases is 48.8 years, or eight years higher than the average age at admission, 40.7 years. The average present age of females is three years more than that of males, 50.6 years as against 47.1 years. However, the average age at admission was likewise three years later for females.

TABLE 76. — *Present Ages of First Admissions and Readmissions in the Resident Population on September 30, 1931.*

AGE OF ADMISSION.	TOTAL.			FIRST ADMISSIONS.			READMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	118	112	230	94	75	169	24	37	61
15-19 years	198	154	352	101	80	181	97	74	171
20-24 years	397	322	719	179	135	314	218	187	405
25-29 years	680	473	1,153	255	165	420	425	308	733
30-34 years	1,074	742	1,816	332	256	588	742	486	1,228
35-39 years	1,408	1,034	2,442	389	330	719	1,019	704	1,723
40-44 years	1,396	1,161	2,557	422	387	809	974	774	1,748
45-49 years	1,275	1,214	2,489	443	380	823	832	834	1,666
50-54 years	1,215	1,209	2,424	471	368	839	744	841	1,585
55-59 years	990	1,231	2,221	370	404	774	620	827	1,447
60-64 years	834	983	1,817	362	348	710	472	635	1,107
65-69 years	667	867	1,534	300	335	635	367	532	899
70-74 years	465	570	1,035	233	271	504	232	299	531
75-79 years	250	384	634	133	210	343	117	174	291
80-84 years	111	176	287	75	114	189	36	62	98
85-89 years	26	76	102	19	53	72	7	23	30
90 years and over . .	8	22	30	5	17	22	3	5	8
Total	11,112	10,730	21,842	4,183	3,928	8,111	6,929	6,802	13,731
Average Present Age .	47.1	50.6	48.8	48.6	51.9	50.2	46.2	49.8	48.0

The average age of first admissions in the resident population is 50.2 years, while that of the readmissions is 48.0 years. This table again confirms the data brought out by Table 75 in which we noted that readmissions are admitted to the institutions at a lower average age than first admissions.

AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE.

The average age at admission was 40.7 years: 39.0 years for the males and 42.4 years for the females (Table 77). The highest average *admission* ages occurred in senile psychoses, 71.1 years; cerebral arteriosclerosis, 67.6 years; involution melancholia, 53.1 years; and paranoia or paranoid conditions, 49.9 years. The lowest average age at admission is observed in the group "without psychoses," epilepsy with mental deficiency, 21.6 years. Next in order follow without psychoses, epilepsy, 25.6 years; psychoses with brain tumor, 32.0 years; epileptic psychoses, 33.5 years; and without psychoses, mental deficiency, 34.2 years. The average admission age for dementia praecox was 36.8 years, and for manic-depressive psychoses, 45.0 years.

In considering the *present* average age of these resident cases, the total for both sexes is 48.8 years: 47.1 years for the males, and 50.6 years for the females. The highest average present age occurs in senile psychoses, 74.4 years. Next in order are: psychoses with cerebral arteriosclerosis, 69.8 years; involution melancholia, 58.0 years; and alcoholic psychoses, 56.7 years. The lowest average present ages are observed in the "without psychoses" group, being led by without psychoses, epilepsy with mental deficiency, 26.2 years. In order follow: without psychoses, epilepsy, 32.3 years; psychoses with brain tumor, 35.6 years; without psychoses, psychopathic personality, 35.7 years; and without psychoses, other conditions, 38.5 years.

TABLE 77. — *Admission Age and Present Age of All Patients in Residence on September 30, 1931, by Psychoses.*

PSYCHOSES.	NUMBER.			AVERAGE AGE AT ADMISSION.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	6	54	45.2	42.0	45.0	51.0	46.6	50.5
Senile	199	455	654	70.6	71.3	71.1	74.1	74.6	74.4
With cerebral arteriosclerosis	446	432	878	67.8	67.5	67.6	69.8	69.8	69.8
General paralysis	466	127	593	44.3	43.8	44.2	47.6	48.7	47.8
With cerebral syphilis	69	32	101	45.5	48.7	46.5	49.0	55.0	50.9
With Huntington's chorea	10	5	15	48.0	35.0	43.6	49.0	37.0	45.0
With brain tumor	1	2	3	17.0	40.0	32.0	17.0	45.0	35.6
With other brain or nervous diseases	139	86	225	37.9	38.1	38.0	41.7	42.2	41.9
Alcoholic	1,066	197	1,263	47.3	49.1	47.6	56.2	59.1	56.7
Due to drugs and other exogenous toxins	11	12	23	45.9	45.0	45.4	51.3	50.8	51.0
With pellagra	2	3	5	45.0	51.6	47.0	45.0	58.3	53.0
With other somatic diseases	58	94	152	46.8	44.2	45.2	49.8	47.1	48.1
Manic-depressive	674	1,090	1,764	45.7	44.6	45.0	50.8	50.9	50.9
Involution melancholia	125	292	417	56.0	51.9	53.1	59.1	57.5	58.0
Dementia praecox	5,590	5,614	11,204	34.3	39.4	36.8	44.3	49.3	46.8
Paranoia or paranoid conditions	189	373	562	47.6	51.0	49.9	54.7	57.6	56.6
Epileptic psychoses	529	567	1,096	33.4	33.5	33.5	41.3	41.5	41.4
Psychoneuroses and neuroses	45	72	117	38.8	39.5	39.2	41.0	43.3	42.4
With psychopathic personality	101	87	188	36.4	40.6	38.3	43.6	45.7	44.6
With mental deficiency	827	763	1,590	34.2	35.9	35.0	43.1	44.1	43.6
Undiagnosed psychoses	25	9	34	43.0	38.3	41.7	44.2	38.3	42.6
Without psychoses:									
No associated condition	23	13	36	40.9	52.6	45.1	41.3	54.2	46.0
Epilepsy	25	53	78	25.3	25.8	25.6	26.8	35.0	32.3
Alcoholism	5	1	6	43.0	35.0	41.6	43.0	35.0	41.6
Drug addiction	—	1	1	—	75.0	75.0	—	85.0	85.0
Psychopathic personality	19	3	22	33.7	38.3	34.3	35.3	38.3	35.7
Mental deficiency	101	64	165	35.0	32.7	34.2	40.0	38.3	39.3
Other conditions	8	4	12	36.5	42.5	38.5	36.5	42.5	38.5
Epilepsy with mental deficiency	311	271	582	21.2	22.1	21.6	26.0	26.4	26.2
Hysteria with mental deficiency	—	1	1	—	45.0	45.0	—	45.0	45.0
Diagnosis deferred	—	1	1	—	55.0	55.0	—	55.0	55.0
All clinical groups	11,112	10,730	21,842	39.0	42.4	40.7	47.1	50.6	48.8

COMPARISON BETWEEN AVERAGE ADMISSION AGES OF FIRST COURT ADMISSIONS, 1931, AND ALL RESIDENT POPULATION ON SEPTEMBER 30, 1931.

Table 78 gives us the average admission age of the resident population on September 30, 1931, compared with average age of first admissions, 1931, by psychoses. Psychoses presenting the smaller numbers were omitted. We observe the interesting fact that the admission age for the resident population, 42.5 years, is considerably lower than that of first admissions for the year 1931, 48.6 years. While this is true for the total, there are several psychoses which do not conform to this general trend.

TABLE 78. — *Average Admission Ages of Resident Population September 30, 1931, Compared with Average Ages of First Admissions, 1931, by Certain Psychoses.*

PSYCHOSES.	AVERAGE AGE AT ADMISSION IN YEARS.	
	First Admissions in Residence, September, 30, 1931	First Admissions, 1931. ¹
Senile	71.9	75.0
With cerebral arteriosclerosis	68.9	70.1
General paralysis	45.5	46.4
Alcoholic	47.0	45.7
With other somatic diseases	47.6	49.0
Manic-depressive	44.8	39.7
Dementia praecox	35.0	33.2
Involution melancholia	53.2	53.2
Paranoia or paranoid conditions	49.7	49.2
With other brain or nervous diseases	38.6	43.3
With mental deficiency	34.9	34.1
Without psychoses	24.9	34.3
Epileptic psychoses	33.1	35.9
With psychopathic personality	40.3	30.7
All other psychoses	45.3	43.6
All clinical groups	42.5	48.6

¹First admissions by regular court commitment.

For example, we observe in the alcoholic psychoses that the average age of first admissions was 45.7 years, and that the average age of the resident population was 47.0 years. Other psychoses presenting this non-conforming trend are: manic-depressive psychoses, 39.7 years-44.8 years; dementia praecox, 33.2 years-35.0 years; paranoia, 49.2 years-49.7 years; psychoses with mental deficiency, 34.1 years-34.9 years; and psychoses with psychopathic personality, 30.7 years-40.3 years.

In discussing this table, it must be recalled that the first admissions for any given year have three possibilities as to their outcome: They may be discharged, they may die, or they may remain in residence. In attempting to reach a conclusion as to the younger admission ages of the resident population, the fact must be considered that the resident population is only the residue of the first admissions of former years. Otherwise, it would be a simple matter to generalize from this table and say that certain psychoses are being admitted at younger ages than they were in former years, while other psychoses are being admitted at older ages.

AVERAGE AGE AT ADMISSION, DISCHARGE AND DEATH COMPARED WITH AVERAGE
ADMISSION AGE AND AVERAGE PRESENT AGE OF RESIDENT POPULATION,
BY HOSPITAL.

We have previously discussed the average age at admission (Table 29), the average age at discharge (Table 55), and the average age at death (Table 67), by hospital. In the present table (Table 79) we compare these with the average ages of the resident population, by hospital.

It is interesting to observe that while the average age at admission of cases admitted during 1931 is 48.6 years, the average age at admission of all cases in the resident population is 40.7 years. It should be recalled, of course, that the first admissions in the resident population are the cases remaining after the deaths and discharges have been removed. Otherwise, it would seem that cases were being admitted at older ages than has been the case previously.

It will be observed that the average age at discharge is 43.5 years, while the average age at death is decidedly higher, 62.6 years. A larger number of these deaths comprise the senile and cerebral arteriosclerosis groups who enter the institution at a late age, thereby increasing the average age at death.

While the average age at admission of the resident population was 40.7 years, the average present age is shown to be 48.8 years. An estimate of the average length of hospital stay of these resident cases may be found by subtracting the average age at admission from the present average age. It shows that the average length of hospital stay is over eight years for all patients resident in the State hospitals on September 30, 1931. Again it should be recalled that the resident cases are the cases remaining within the institutions, while the cases discharged during the year had an average net length of residence of .95 years.

This table presents an opportunity for comparing these factors within the various institutions and, for example, may explain why certain institutions have higher death rates than others. Hospitals admitting cases in the older age groups and having the present age of their resident population in higher age groups also may expect to have higher death rates. On the other hand, institutions presenting lower average present ages for their resident population may expect to have lower death rates.

COMPARISON BETWEEN NATIVITY AND CITIZENSHIP IN ALL FIRST ADMISSIONS,
1931, AND RESIDENT POPULATION ON SEPTEMBER 30, 1931.

Table 80 shows the comparison between nativity and citizenship in first admissions, 1931, and the resident population on September 30, 1931. While 61.4 per cent of first admissions for 1931 were native-born and 63.4 per cent of the resident population belonged in this group, the Massachusetts population in 1930 showed 74.8 per cent native-born. Thirty-eight and six tenths per cent of first admissions in 1931 were foreign born, and 36.6 per cent of the resident population belonged in this group as compared with 25.2 per cent of foreign born in the State population. We see here an excess of the foreign born in both the resident population and in the first admissions for 1931.

TABLE 79. — *Average Age at Admission, Average Age at Discharge and Average Age at Death of Committed Patients Compared with Average Age of the Resident Population September 30, 1931.*

HOSPITALS.	AVERAGE ADMISSION AGE—FIRST ADMISSIONS, 1931.			AVERAGE AGE OF CASES DISCHARGED DURING 1931.			AVERAGE AGE OF CASES DYING DURING 1931.			AVERAGE AGE OF RESIDENT POPULATION.					
										AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	54.3	55.8	55.2	47.2	46.3	46.6	52.3	68.6	65.5	41.2	44.9	43.3	49.6	52.7	51.4
Boston Psychopathic	37.9	33.7	35.8	39.3	37.5	38.4	42.5	36.2	40.0	36.7	34.5	35.7	36.7	34.5	35.7
Danvers	48.0	49.6	48.8	45.7	43.7	44.7	68.4	65.1	62.8	40.5	42.8	41.7	46.8	50.5	48.7
Foxborough	48.2	46.7	47.5	42.2	43.5	42.7	58.9	62.0	60.3	41.9	41.3	41.6	48.2	47.9	48.0
Gardner	47.3	53.3	50.6	46.8	46.6	46.7	59.9	63.1	61.7	38.3	41.9	39.7	49.4	51.0	50.1
Grafton	39.1	40.0	39.5	43.6	35.4	40.2	51.3	58.0	55.3	37.4	42.8	40.4	51.5	54.7	53.8
Medford	47.4	48.5	48.0	37.9	41.7	40.5	58.0	64.7	61.7	40.2	41.4	40.9	52.5	54.8	53.8
Metropolitan	—	—	—	51.2	—	51.2	57.5	52.5	55.0	43.0	45.3	44.2	43.6	45.6	44.6
Northampton	46.7	47.9	47.3	43.3	44.5	44.0	66.0	65.7	65.9	40.9	43.6	42.4	47.7	50.0	48.9
Taunton	50.3	49.9	50.1	42.1	45.0	37.9	62.8	67.7	64.9	42.6	44.7	43.7	51.1	52.2	51.7
Westborough	52.1	50.9	51.4	43.4	44.4	44.0	66.8	64.9	65.9	43.6	46.9	45.5	51.6	53.9	53.0
Worcester	48.7	48.3	48.5	43.9	43.1	47.1	58.6	64.6	61.1	41.4	43.4	42.5	49.6	51.1	50.4
Monson	23.7	20.4	22.1	17.5	—	17.5	40.4	38.7	40.1	24.4	26.4	25.5	31.1	34.4	32.9
McLean	48.9	49.5	49.2	50.1	45.1	47.8	66.1	65.6	65.9	46.5	46.3	46.4	54.1	53.4	53.7
Bridgewater	38.8	—	38.8	38.2	—	38.2	55.7	—	55.7	35.3	—	35.3	48.8	—	48.8
Tewksbury	52.2	59.0	54.3	49.1	34.5	42.5	63.7	66.0	64.9	45.0	40.3	41.4	53.9	54.5	54.0
U. S. Veterans' No. 107	39.3	—	39.3	37.9	—	37.9	42.5	—	42.5	35.2	—	35.2	38.1	—	38.1
U. S. Veterans' No. 95	39.1	—	39.1	38.1	—	38.1	39.3	—	39.3	33.6	—	33.6	37.7	—	37.7
All Hospitals	47.9	49.3	48.6	43.2	43.9	43.5	60.4	65.1	62.6	39.0	42.4	40.7	47.1	50.6	48.8

TABLE 80. — *Percentage Distribution of Nativity and Citizenship in First Admissions, 1931, and Resident Population in Institutions on September 30, 1931, Compared with Massachusetts Population, 1930.*

	PERCENTAGE DISTRIBUTION.		
	FIRST ADMISSIONS, 1931.	RESIDENT POPULATION, SEPTEMBER 30, 1931.	STATE POPULATION, 1930.
Native Born	61.4	63.4	74.8
Foreign Born	38.6	36.6	25.2
Citizens by Naturalization	14.9	9.4	—
Aliens	23.7	27.2	—
	100.0	100.0	100.0

We observed that 38.6 per cent of the 1931 first admissions were foreign born. It appears that the foreign born are presenting themselves to our hospitals in greater proportion than the native-born. This figure of 38.6 per cent for 1931 is a 13.4 per cent excess over the State population of 25.2 per cent for the year 1930.

We see another interesting change within the foreign born group in reference to naturalization. The resident population, which is made up of the admissions of previous years, had 9.4 per cent of patients who were citizens by naturalization. The first admissions for 1931, however, presented 14.9 per cent of cases of patients who were naturalized, a difference of 5.5 per cent. Stating the matter in another way, the percentage of aliens in the resident population was 27.2 per cent, and in the first admissions for 1931, 23.7 per cent, a difference of 3.5 per cent. Thus, while larger portions of foreign born seem to be presenting themselves to our State hospitals, we may say that there is a tendency for smaller numbers of these to be aliens and larger numbers of these foreign born to be naturalized citizens.

TABLE 81. — *Country of Birth of Foreign Born Patients; First Admissions, 1931, and All Cases in Residence on September 30, 1931; Rates per 100,000 of State Population Same Country of Birth, 1930, Census.*

COUNTRY OF BIRTH. ¹	RATE PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH.			
	FIRST ADMISSIONS 1931.	Order.	CASES IN RESIDENCE.	Order.
Austria	351.	1	3,820.	1
Portugal	205.	2	789.	6
Ireland	170.	3	1,244.	2
England	124.	4	664.	10
Finland	122.	5	971.	4
Germany	116.	6	891.	5
Sweden	105.	7	728.	7
Greece	101.	8	703.	8
Poland	100.	9	697.	9
Canada	97.	10	574.	11
Russia	96.	11	1,068.	3
Scotland	91.	12	464.	13
Italy	84.	13	540.	12
All other countries	98.	—	627.	—
All countries	113.		757.	

¹Countries considered are those having one hundred or more patients in the resident population.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FOREIGN BORN FIRST
COURT ADMISSIONS, 1931, AND RESIDENT POPULATION ON
SEPTEMBER 30, 1931.

Table 81 shows us the country of birth of foreign born patients, outlining the rates per 100,000 of the same country of birth in accordance with the 1930 census of the State of Massachusetts. It gives a comparison between first admissions

during 1931 and all cases in residence on September 30, 1931. In this table we have arranged the countries in order of frequency of the admission rates for first admissions during the year 1931. We observe that Austria leads this list as a country of birth with 351 foreign born patients from this country being admitted to mental hospitals during 1931 per 100,000 of the State population born in Austria in accordance with the census of 1930. Other countries in order are: Portugal, 205; Ireland, 170; and England, 124.

The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria is still in first position with a rate of 3,820 patients in residence in mental hospitals on September 30, 1931, in accordance with the State population of Massachusetts 1930. There follow in order: Ireland, 1,224; Russia, 1,068; Finland, 971; and Germany, 891. In considering the rank order of these cases in the first admissions, 1931, and resident cases, we note that the only countries preserving the original order in foreign born groups are: Austria (first position), Sweden (seventh position), Greece (eighth position), and Poland (ninth position).

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain foreign countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among the patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth. The country of birth of all resident patients, by psychoses, is shown in Summary Table 164.

COUNTY OF RESIDENCE: ADMISSIONS, 1931, RESIDENT POPULATION SEPTEMBER 30, 1931, AND CASES ON BOOKS SEPTEMBER 30, 1931.

Table 82 and Graph 8 give the county of residence and the rate per 100,000 population for the same county for (1) all patients admitted to all mental hospitals during the year 1931; (2) all patients remaining within institutions on September 30, 1931; and (3) all patients remaining on the books of institutions on September 30, 1931. In considering admissions we find the highest figure for Suffolk County. Two hundred fifty-seven persons per 100,000 of the estimated population of this county on April 1, 1930 were admitted to our mental hospitals during the year 1931. Nantucket and Dukes are next in order with 163 persons per 100,000 population and 161 persons, respectively.

The lowest rates for admission are observed in Franklin County, 96 persons; Hampden County, 101 persons; and Berkshire County, 103 persons. The total rate for all counties is 163 persons per 100,000 of the State population.

The foregoing rates give the figures for all of the admissions of a single year. However, we wish to consider the resident population in mental hospitals on September 30, 1931. Suffolk County again has the highest figure with 686 persons in residence in mental hospitals on September 30, 1931 per 100,000 of the population. Hampshire follows with 592, and Hampden is third with 487. The following counties have the lowest rates for cases in residence: Dukes, 363, and Barnstable and Norfolk, 371 each. The total rate for all counties is 513 persons in mental hospitals per 100,000 of the State population.

The foregoing figures give us information on actual resident population. However, they do not give us the entire picture of all cases under care. This can be found only in the total cases on the books of institutions on September 30, 1931. In considering these we observe again that Suffolk County leads with 743 persons on the books of mental hospitals on September 30, 1931 per 100,000 of the population of that county. Next in order are Hampshire with 651, and Plymouth with 532. The lowest rates are observed in Nantucket, 353; Norfolk, 409; and Barnstable, 411. The total for all counties is 563 persons on the books of mental hospitals, 1931, per 100,000 of the population of the State.

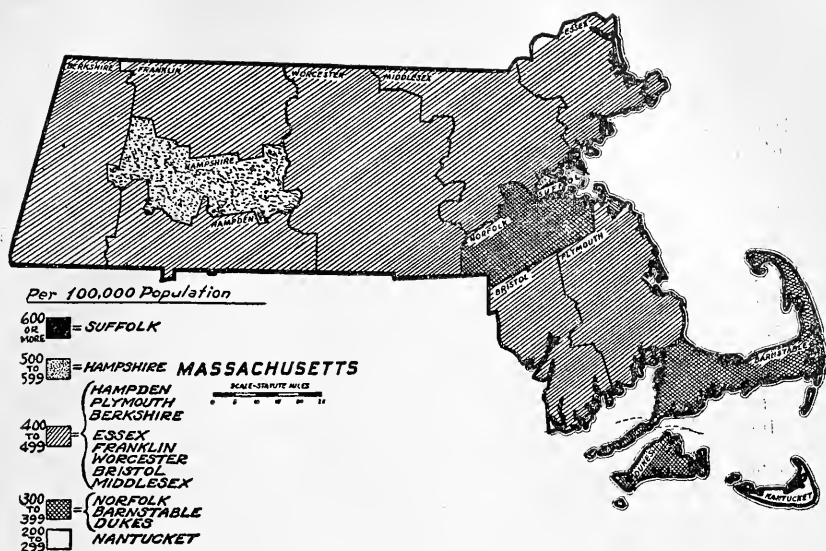
TABLE 82. — *County of Residence and Rates per 100,000 Population of (1) Patients Admitted to All Hospitals during the Year Ended September 30, 1931; (2) All Patients Remaining Within Institutions on September 30, 1931; (3) All Patients Remaining on Books of Institutions on September 30, 1931.*¹

COUNTIES.	ALL ADMISSIONS DURING YEAR. ²			Rate per 100,000 Population Same County. ³	TOTAL CASES REMAINING WITHIN INSTITUTIONS.			Rate per 100,000 Population Same County.	TOTAL CASES REMAINING ON BOOKS OF INSTITUTIONS.			Rate per 100,000 Population Same County.
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
Barnstable	21	23	44	136.	60	60	120	371.	65	68	133	411.
Berkshire	73	52	125	103.	293	286	579	479.	314	325	639	529.
Bristol	203	178	381	104.	801	804	1,605	440.	883	877	1,760	482.
Dukes	5	3	8	161.	9	9	18	363.	11	11	22	444.
Essex	391	265	656	131.	1,232	1,123	2,355	472.	1,340	1,222	2,562	514.
Franklin	25	23	48	96.	136	98	234	471.	141	116	257	518.
Hampden	179	163	342	101.	808	828	1,636	487.	871	908	1,779	530.
Hampshire	52	38	90	123.	216	215	431	592.	235	239	474	651.
Middlesex	743	624	1,367	146.	1,840	2,053	3,893	416.	2,014	2,255	4,269	456.
Nantucket	4	2	6	163.	6	5	11	299.	6	7	13	353.
Norfolk	200	221	421	140.	517	596	1,113	371.	565	661	1,226	409.
Plymouth	137	88	225	138.	440	347	787	484.	481	383	864	532.
Suffolk	1,171	1,090	2,261	257.	2,896	3,138	6,034	686.	3,140	3,402	6,542	743.
Worcester	306	295	601	140.	1,170	1,076	2,246	457.	1,324	1,235	2,559	520.
Non-resident of State	199	57	256	—	502	86	588	—	560	93	653	—
Unknown	31	12	43	—	186	6	192	—	188	6	194	—
Total	3,830	3,134	6,964	163.	11,112	10,730	21,842	513.	12,138	11,808	23,946	563.

¹Includes transfers.

²Exclusive of transfers.

³U. S. Census, 1930.



GRAPH 8. — PATIENTS ON THE BOOKS OF STATE HOSPITALS, 1931; RATES PER 100,000 POPULATION OF SAME COUNTY.

Graph 8 presents the patients in residence in State hospitals for mental disease on September 30, 1931 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk shows the highest rate (over 600 per 100,000) for mental disease in State hospitals; Hampshire County is second (between 500 and 599 persons); and Hampden, Plymouth, Berkshire, Essex, Franklin, Worcester, Bristol and Middlesex are in third position (between 400 and 499 persons).

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, is the only county conforming to this hypothesis. Hampshire is in second position, and yet this county contains but one city, and that has a population of less than 25,000 (1930). Again we see that Dukes and Nantucket show a low relative incidence for mental disease. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental diseases in Massachusetts.

MENTALLY DEFICIENT

Section F. General Discussion of All Cases under Care in State Schools for the Mentally Deficient, 1931.

Section F is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1931.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT, SEPTEMBER 30, 1931.

Table 83 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 4,597 actually within the institutions, and 5,000 on the books of the various schools. The State schools had 4,412 patients actually within institutions and 4,815 patients on the books. The Belchertown State School had a total of 1,158 actually within the institution and 1,247 on the books. The Walter E. Fernald State School had 1,673 actually within the institution and 1,798 on the books. The Wrentham State School had 1,581 actually within the institution and 1,770 on the books. Eight private schools had 185 patients actually within institutions and the same number on the books at the end of the statistical year.

TABLE 83.—*Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1931, by School.*

SCHOOLS.	Actually in the Institutions.	On the Books.
State:		
Belchertown	1,158	1,247
Walter E. Fernald	1,673	1,798
Wrentham	1,581	1,770
Total	4,412	4,815
Private:		
Elm Hill	28	28
Mentally Defective in Hospital Cottages	93	93
Ring Sanatorium and Hospital, Inc.	—	—
Standish Manor	8	8
Perkins School of Adjustment	34	34
The Freer School	5	5
Clarke School	14	14
Glenn School	3	3
Total	185	185
Total, all patients	4,597	5,000

Comparing the figure of 4,597 actually within State institutions for 1931 with the figure of 4,460 for 1930, we observe an increase of approximately 3 per cent. The rate per 100,000 of the population for 1931 was 108.1 for patients actually within institutions; for those on the books it was 117.6. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1931.

PATIENTS "ON VISIT", "ON PAROLE", AND "ON ESCAPE" FROM STATE SCHOOLS ON SEPTEMBER 30, 1931.

The number of patients "on visit", "on parole", and "on escape" from State schools in 1931 was 493, or 8.3 per cent of the total number of patients on the books. Table 84 reveals that of the total of 403 out of institutions at the end of the year, 107 or 26.5 per cent were "on visit", 203 or 50.4 per cent were "on parole", and 93 or 23.1 per cent were "on escape".

On September 30, 1931, the Belchertown State School had 9 patients or .7 per cent of its total population out "on visit", 47 patients or 3.8 per cent "on parole", and 33 patients or 2.6 per cent "on escape", making a total of 89 patients or 7.1 per cent out of the institution at the end of the year. The Walter E. Fernald State School had 63 patients or 3.5 per cent of its total population "on visit", 52 patients or 2.8 per cent "on parole", and 10 patients or .5 per cent "on escape", making a total of 125 patients or 6.9 per cent out of the institution on September 30, 1931.

TABLE 84. — *Number of Patients "On Visit", "On Parole", and "On Escape" in State Schools on September 30, 1931, by School.*

STATE SCHOOLS.	Number on Books.	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber.	Per- cent.	Num- ber.	Per- cent.	Num- ber.	Per- cent.	Num- ber.	Per- cent.
Belchertown	1,247	9	.7	47	3.8	33	2.6	89	7.1
Walter E. Fernald	1,798	63	3.5	52	2.8	10	.5	125	6.9
Wrentham	1,770	35	1.9	104	5.8	50	2.8	189	10.6
Total	4,815	107	2.2	203	4.2	93	1.9	403	8.3

The Wrentham State School had 35 patients or 1.9 per cent of its total population "on visit", 104 patients or 5.8 per cent "on parole", and 50 or 2.8 per cent "on escape", making a total of 189 patients or 10.6 per cent out of the institution at the end of the statistical year.

Patients "on visit" are those absent from the State schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1931.

Table 85 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a slight decline. The year 1931 (6.4 per cent) reveals a decrease over 1930 (7.1 per cent). This decrease over the last few years is due partly to administrative changes which no longer permit carrying a patient "on visit" indefinitely. This regulation has a tendency to increase the number of discharges, but slightly decreases the number of patients held "on visit". The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919.

TABLE 85 — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools, September 30, 1910-1930 inclusive.*

YEAR.	Number on the Books.	Number on Visit and Parole. ¹	Percent.	Number on Escape.	Percent.
1910	1,654	80	4.8	7	.4
1911	1,772	115	6.4	15	.8
1912	1,985	130	6.5	10	.5
1913	2,049	104	5.0	23	1.1
1914	2,366	157	6.6	15	.6
1915	2,471	134	5.4	28	1.1
1916	2,873	237	8.2	54	1.8
1917	2,947	222	7.5	52	1.7
1918	3,115	305	9.8	47	1.5
1919	3,219	387	12.0	93	2.8
1920	3,163	290	9.1	53	1.6
1921	3,375	376	11.1	58	1.7
1922	3,315	401	12.1	65	1.9
1923	3,762	463	12.3	60	1.5
1924	4,075	560	13.7	55	1.3
1925	4,125	488	11.8	44	1.0
1926	4,145	429	10.3	56	1.3
1927	4,162	332	7.9	70	1.6
1928	4,304	325	7.5	67	1.5
1929	4,363	339	7.8	83	1.9
1930	4,557	329	7.1	69	1.5
1931	4,815	310	6.4	93	1.9

¹Number on parole, 1931 — 203.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE.

Table 86 gives the total first admissions and readmissions (excluding transfers) to State schools for the years 1904-1931. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923, with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914 (240 admissions), and 1921 (238 admissions). Belchertown State School admitted the greatest number in 1931 (202 cases) and the fewest in 1929 (54 cases).

Considering the total for all years, we observe that 667 cases were admitted in 1916, 586 cases in 1923, and 556 cases in 1924. Observing particularly the period from 1923 onward, during which three State schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930, however, there was a large increase in the number of admissions to the three State schools, this being largely due to the increase of patients at the Belchertown State School. The year 1931 also showed an increase which, it will be observed, was evidenced only at the Belchertown State School, as each of the other schools decreased their admissions during the last year.

During the period 1904-1931 we observe that a total of 10,150 cases were admitted to all State schools. Five thousand, four hundred and eighty-seven cases were admitted to Walter E. Fernald State School, or an average of 195.9 admissions per year. During the period 1910-1931, 3,616 cases were admitted to Wrentham State School, or an average of 164.3 admissions per year. For the period 1923-1931, a total of 1,047 patients were admitted to Belchertown State School, or an average of 116.3 admissions per year. However, it should be recalled that the present capacities of both Wrentham and Belchertown are considerably smaller than Walter E. Fernald State School, and this necessarily limits their admission averages.

TABLE 86. — *All Admissions to State Schools for the Mentally Defective from the Community.*¹

YEAR.	TOTAL.	WALTER E. FERNALD.	WRENTHAM.	BELCHERTOWN.
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
Total	10,150	5,487	3,616	1,047

¹Transfers not included.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904-1931, INCLUSIVE.

Table 87 shows the admissions to State Schools for the years 1904-1931, inclusive, by sex, and the rate per 100,000 of the general population. In general, we may say that the tendency has been for the rate to increase during the latter years

as compared with the earlier years of this period. Thus, the rate for the years 1904-1908 is approximately 6, and the rate for the years 1926-1931 is approximately 8. The number of admissions is somewhat dependent upon the available accommodation. It will be noted that the years 1923-1925 inclusive are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. It is interesting to observe that the rates for males are higher than the rates for females in all but 5 years of this period.

TABLE 87. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1931, inclusive.*

YEAR.	NUMBER OF ADMISSIONS. ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION.		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.

¹Does not include transfers.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1931.

Table 88 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1931, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 103 in the year 1931. This table demonstrates very strikingly the increasing burden upon the State for the care of the mental defective. Since 1904 the rate for patients in residence has more than trebled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding.

TABLE 88. — *Number of Patients in Residence in State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1931, inclusive.*

YEAR.	RESIDENT PATIENTS IN STATE SCHOOLS.			RESIDENT PATIENTS PER 100,000 POPULATION.		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	64.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,699	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.
1931	2,135	2,277	4,412	103.	104.	103.

LEGAL FORMS OF ADMISSION TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE.

In Massachusetts patients are admitted to State schools for the mentally defective under the following forms:

1. Voluntary Admission: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion.
2. Admission for Observation: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion and may detain them for observation for a period not exceeding 30 days.
3. Commitment of Mentally Defective: Sec. 66, Chap. 123, G. L., as amended by Chap. 410, Acts of 1922, Chap. 293, Acts of 1925, and by Chap. 288, Acts of 1931.
 - a. Written application to the probate court.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath and who has examined the patient within ten days of his signing and making oath to the certificate.
 - c. Order of commitment by judge of probate.

Section G. Admissions to State Schools for the Mentally Deficient during 1931.

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1930 to September 30, 1931, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1931.

Table 89 reveals that a total of 477 admissions were received at the three State schools during the year; 239 cases were admitted under regular commitment; 219 cases were admitted under the voluntary or "school" status; 3 were admitted as observation cases; and 16 were admitted by transfer. The Belchertown State School admitted 218 cases, which was the largest number of any of the schools.

Wrentham State School was second with 171 cases, and Walter E. Fernald was third with 88 cases. Belchertown State School presents the largest number admitted under court commitment, that of 137 persons. Wrentham State School admitted 57 under this status, and Walter E. Fernald State School admitted 45. Under voluntary or "school" status, we observe that Wrentham admitted 111 cases, Belchertown 65, and Walter E. Fernald 43. There was an increase in the number of admissions for 1931, 477 as compared with 442 in 1930.

TABLE 89. — *Legal Status of All Admissions to State Schools, 1931, by School.*

CASES ADMITTED DURING YEAR.	ALL STATE SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment Cases Admitted during year:												
First Admissions	85	134	219	48	79	127	27	15	42	10	40	50
Readmissions	8	12	20	2	8	10	2	1	3	4	3	7
Total	93	146	239	50	87	137	29	16	45	14	43	57
Voluntary Admission Cases admitted during year:												
First Admissions	108	98	206	31	28	59	29	9	38	48	61	109
Readmissions	9	4	13	5	1	6	2	3	5	2	—	2
Total	117	102	219	36	29	65	31	12	43	50	61	111
Observation Admission Cases admitted during year:												
First Admissions	1	—	1	—	—	—	—	—	—	1	—	1
Readmissions	—	2	2	—	—	—	—	—	—	—	2	2
Total	1	2	3	—	—	—	—	—	—	1	2	3
Total Cases admitted by transfer during year	1	15	16	1	15	16	—	—	—	—	—	—
Total Cases Admitted during year	212	265	477	87	131	218	60	28	88	65	106	171

MENTAL STATUS OF ALL ADMISSIONS, 1931.

A total of 461 cases were admitted to the three State schools during 1931, excluding cases admitted by transfer (Table 90). Fifty-three or 11.5 per cent of these were idiots; 108 or 23.4 per cent were imbeciles; 264 or 57.3 per cent were morons; and 36 or 7.8 per cent were classified as not mentally defective. Two hundred and eleven males were admitted, and 250 females.

TABLE 90. — *Mental Status of All Admissions, 1931; Percentage Distribution.¹*

MENTAL STATUS.	ALL ADMISSIONS. ²					
	NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.
Idiot	30	23	53	14.2	9.2	11.5
Imbecile	47	61	108	22.3	24.4	23.4
Moron	115	149	264	54.5	59.6	57.3
Not Mentally Defective	19	17	36	9.0	6.8	7.8
Total	211	250	461	100.0	100.0	100.0

¹Idiot, I. Q. under .24; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74; Not Mentally Defective I. Q. .75 or over.

²Excludes 16 cases admitted by transfer.

Sex differences in mental status are observed. In the idiot group the percentage of males (14.2) exceeds that of the females (9.2). In the imbecile group the percentage of males is slightly less than that of females, 22.3 and 24.4, respectively. In the moron group we find 54.5 per cent of males and 59.6 per cent of females. In the classification not mentally defective, we observe 9.0 per cent of males and 6.8 per cent of females.

In this table we note that 45 per cent of admissions during 1931 were males and 56 per cent females. The males present larger proportions in the idiot and not mentally defective groups, while the females present larger proportions in the imbecile and moron groups.

FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1931.

According to the regulations outlined in the Statistical Manual of the National Committee for Mental Hygiene, statistics for first admissions, readmissions, discharges and deaths should concern mentally defective patients only (I. Q. .74 or less). In the previous table we discussed *all* admissions to State schools for the year 1931, exclusive of transfers, which was a total of 461. From this point on, and unless specifically stated otherwise, we confine our remarks to mentally defective admissions only.

TABLE 91. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1931, by Schools.*¹

STATE SCHOOLS.	TOTAL ADMISSIONS.	FIRST ADMISSIONS.		READ- MISSIONS.	
		NUM- BER.	PER- CENT.	NUM- BER.	PER- CENT.
Belchertown	183	168	91.8	15	8.2
Walter E. Fernald	85	77	90.6	8	9.4
Wrentham	157	148	94.3	9	5.7
Total	425	393	92.5	32	7.5

¹Unless otherwise stated, this and the following tables include mentally defective first admissions and readmissions only (I. Q. .74 or less).

During 1931 there were 425 mentally defective admissions to State schools for the mentally defective. Three hundred and ninety-three or 92.5 per cent were first admissions, and thirty-two or 7.5 per cent were readmissions (Table 91). Belchertown State School contributed 183 admissions of which 168 or 91.8 per cent were first admissions and 15 or 8.2 per cent were readmissions. The Walter E. Fernald State School contributed 85 admissions, 77 or 90.6 per cent of which were first admissions and 8 or 9.4 per cent were readmissions. Wrentham State School presented 157 admissions: 148 or 94.3 per cent first admissions, and 9 or 5.7 per cent readmissions.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1931.

The average age at admission of all first admissions to the three State schools during 1931 was 12.7 years (Table 92). The average age for males (10.9 years), was lower than that for the females (14.3 years). In 1930 the average for both sexes was 12.9 years.

For the Belchertown State School the average age at admission was 14.2 years: 11.8 years for the males and 16.0 years for the females. For the Walter E. Fernald State School the average was 12.2 years: 11.8 years for males and 13.1 years for females. For the Wrentham State School the average was 11.3 years: 8.9 years for the males and 12.7 years for the females. For each school the average admission age for females is consistently higher than for the males.

Of the total patients admitted, 265 or 67 per cent were under 15 years of age, and this general tendency is noted for each school. The number of children admitted under the age of 5 is the largest for Wrentham (11.4 per cent). Important sex differences in admission ages are observed. In considering the total for all ages we see that 76.7 per cent of the males were admitted under the age of 14 years,

TABLE 92. — *Age Distribution: Number and Percentage of First Admissions to State Schools, 1931, by School.*

AGE GROUPS.	NUMBER.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	14	15	29	6	5	11	—	—	1	7	10	17
5-9 years	72	60	132	20	19	39	18	7	25	34	34	68
10-14 years	49	55	104	20	23	43	22	10	32	7	22	29
15-19 years	36	51	87	21	30	51	11	5	16	4	16	20
20-24 years	4	12	16	1	7	8	1	1	2	2	4	6
25-29 years	—	10	10	—	5	5	—	1	1	—	4	4
30-34 years	1	7	8	1	6	7	—	—	—	—	1	1
35-39 years	—	3	3	—	2	2	—	—	—	—	1	1
40-44 years	—	3	3	—	2	2	—	—	—	—	1	1
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	1	1	—	—	—	—	—	—	—	1	1
Total	176	217	393	69	99	168	53	24	77	54	94	148
Average age in years	10.9	14.3	12.7	11.8	15.0	14.2	11.8	13.1	12.2	8.9	12.7	11.3

while but 59.9 per cent of the females came within these age groups. Considering admission ages 15 years or higher, we note that 23.3 per cent of the males fell in these groups, while 40.1 per cent of the females were admitted in these older age groups.

AGES OF READMISSIONS TO STATE SCHOOLS, 1931.

Table 93 shows that the average admission age of readmissions to State Schools during 1931 is 20.0: 19.0 years for the males and 20.9 years for the females. The highest average age of readmissions is observed at the Walter E. Fernald State School, that of 23.1 years. The Belchertown State School occupied the next highest, the average admission age being 19.8 years. The lowest admission age is observed at the Wrentham State School, that of 17.5 years.

TABLE 93. — *Age Distribution: Percentage of Readmissions to State Schools, 1931, by School.*¹

AGE GROUPS.	PERCENT.								
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—
5-9 years	18.8	—	9.4	33.3	—	13.3	25.0	—	12.5
10-14 years	18.8	25.0	21.9	—	22.2	13.3	25.0	25.0	25.0
15-19 years	31.3	25.0	28.1	33.3	22.2	26.7	—	25.0	12.5
20-24 years	6.2	18.8	12.5	16.7	22.2	20.1	—	—	—
25-29 years	12.5	18.7	15.6	—	22.2	13.3	25.0	25.0	25.0
30-34 years	6.2	12.5	9.4	16.7	11.2	13.3	—	25.0	12.5
35-39 years	—	—	—	—	—	—	—	—	—
40-44 years	—	—	—	—	—	—	—	—	—
45 years and over	6.2	—	3.1	—	—	—	25.0	—	12.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age in years	19.0	20.9	20.0	17.5	21.3	19.8	23.7	22.5	23.1
	17.5	17.5	17.5						

¹Previous admissions to schools for mentally defective only.

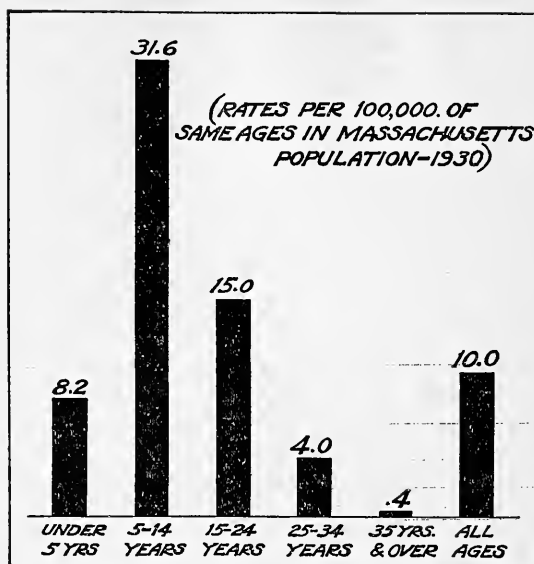
There were no readmissions under 5 years of age, the ages 10-14 years and 15-19 years making up 50 per cent of all readmissions. Twenty-eight and one tenth per cent were admitted during the ages of twenty and thirty. Twelve and five tenths per cent were admitted over the age of 30 years.

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1931: RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS.

Table 94 and Graph 9 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State schools is the greatest.

TABLE 94. — *Ages of First Admissions and Readmissions to State Schools, 1931; Rates per 100,000 of Same Ages in Massachusetts Population, 1930.*

AGE GROUPS.	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	NUMBER.	RATE.	NUMBER.	RATE.	NUMBER.	RATE.
Under 5 years	29	8.2	29	8.2	—	—
5-14 years	246	31.6	236	30.3	10	1.2
15-24 years	116	15.0	103	13.3	13	.1
25-34 years	26	4.0	18	2.7	8	1.2
35 years and over	8	.4	7	.3	1	—
Total	425	10.0	393	9.2	32	.7



GRAPH 9. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1931. RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930.

The highest rate falls in the age group 5-14 years, with 31.6 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 15.0 persons, and the group under five years is third with 8.2 persons. The rate for all admissions is 10.0: for first admissions 9.2, and for readmissions .7. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1931, BY MENTAL STATUS.

The percentage distribution of ages in mental groups reveals that the lower grade cases predominate in the younger age groups (Graph 10 and Table 95). For example, in the group under 10 years of age at admission we see the following percentages: idiot, 68.1 per cent; imbecile, 48.4 per cent; and moron, 32.9 per cent. The not mentally defective group, however, had 51.5 per cent of its first admissions under 10 years of age. The not mentally defective group presents the largest number in the age group 10-14 years, 36.4 per cent. The morons have the largest number in the age group 15-19 years, 26.2 per cent. The also present the largest number in the age group 20-24 years, 4.8 per cent.

We note that the idiot group has the lowest average admission age, that of 9.4 years. There is then a consistent increase in the next two groups, the average admission age for the imbecile group being 12.6 years and for morons, 13.7 years. Those not mentally defective showed a slightly lower admission age, that of 10.5 years. There is a sex difference in the mental groupings, in that females tend to be admitted at a higher average age than males. This is true of each mental status group.

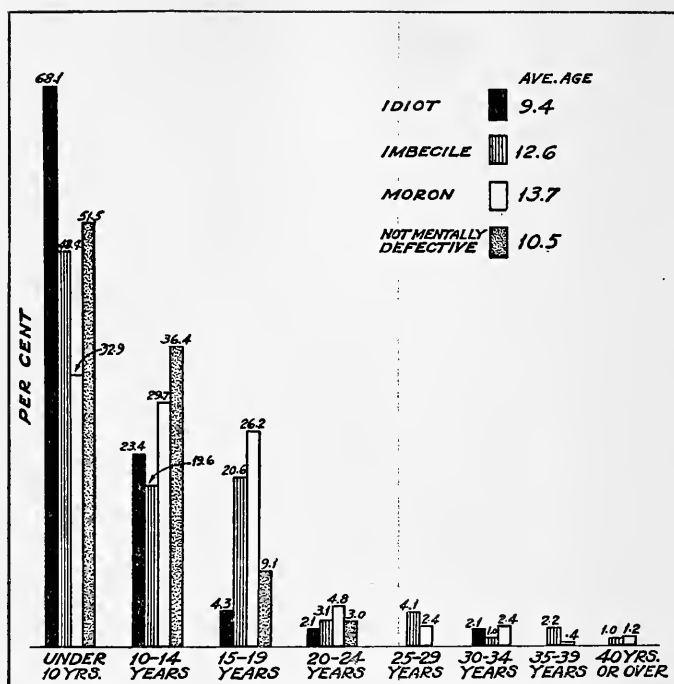
ENVIRONMENT OF FIRST ADMISSIONS TO STATE SCHOOLS, 1931.

Table 96 shows the environment of first admissions to State schools in comparison with those of the general population residing in urban and rural centers. The rate per 100,000 of the general population is 9.24 for all first admissions: 9.52 for urban and 6.69 for rural.

TABLE 95. — *Percentage Distribution of Ages in All First Admissions to State Schools, 1931, by Mental Status.¹*

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	50.5	34.5	41.8	66.7	70.0	68.1	42.9	52.7	48.4	46.7	22.5	32.9	66.6	33.3	51.5
10-14 years	27.3	27.1	27.2	25.0	20.0	23.4	23.8	16.4	19.6	29.0	20.6	29.7	22.2	53.3	36.4
15-19 years	19.1	22.0	21.2	3.7	5.0	4.3	26.2	16.4	20.6	22.5	28.9	26.2	5.6	13.4	9.1
20-24 years	2.6	5.2	4.0	—	—	2.1	4.8	1.8	3.1	—	7.8	4.8	—	—	3.0
25-29 years	—	4.3	2.3	—	—	—	—	7.3	4.1	—	4.2	2.4	—	—	—
30-34 years . . . . .	.5	3.0	1.9	—	5.0	2.1	2.3	—	1.0	—	4.2	2.4	—	—	—
35-39 years	—	1.3	.7	—	—	—	—	3.6	2.2	—	.7	.4	—	—	—
40-44 years	—	1.3	.7	—	—	—	—	1.8	1.0	—	1.4	.8	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	.4	.2	—	—	—	—	—	—	—	.7	.4	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.9	14.3	12.7	9.2	9.6	9.4	12.1	12.9	12.6	11.1	15.7	13.7	9.7	11.5	10.5

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 or over.



GRAPH 10. — PERCENTAGE DISTRIBUTION OF AGES IN FIRST ADMISSIONS TO STATE SCHOOLS, BY MENTAL STATUS.

TABLE 96. — *Environment of First Admissions to State Schools, 1931, Compared with Massachusetts Population, 1930.*

	TOTAL.	URBAN.	RURAL.
First Admissions	393	365	28
Percentage of First Admissions	100.0	92.9	7.1
Massachusetts Census, 1930 — Percentage	100.0	90.2	9.8
First Admissions — rate per 100,000 ¹	9.24	9.52	6.69

¹General Population, same environment.

It will be observed that although the Massachusetts Census for 1930 shows a percentage of 9).2 of the population living in an urban environment, 92.9 per cent of the first admissions to State schools came from an urban environment. Thus, patients from urban centers are somewhat over-represented among first admissions. On the other hand, first admissions from rural environments are under-represented, 7.1 per cent as against 9.8 per cent of the Massachusetts population who live in a rural environment.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1931, BY MENTAL STATUS.

The largest proportion, 54.7 per cent, of first admissions belong in the marginal class; 41.2 per cent are found in the dependent group; and 4.1 per cent in the comfortable class, (Table 97). Imbeciles make up the smallest proportion, 17.5 per cent, of the dependent group and the largest proportion, 73.2 per cent, of the marginal group. They likewise show the highest percentage, 9.3 per cent, in the comfortable group. It is observed that 82.5 per cent of imbeciles, 78.7 per cent of idiots, and but 45.8 per cent of morons belonged in either the marginal or comfortable classes.

TABLE 97. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1931, by Mental Status.*

ECONOMIC CONDITION.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	34.1	47.0	41.2	25.9	15.0	21.3	11.9	21.8	17.5	44.9	61.3	54.2
Marginal .	63.1	47.9	54.7	74.1	70.0	72.3	78.6	69.1	73.2	54.2	36.6	44.2
Comfortable .	2.8	5.1	4.1	—	15.0	6.4	9.5	9.1	9.3	.9	2.1	1.6
Total .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1931, BY NATIVITY AND PARENTAGE.

Table 98 shows that the foreign born have a high average admission age, 17.0 years. The native-born have an average admission age of 12.6 years. However, when we consider the parentage of the native-born, we observe that the highest average admission age occurs in the native-born of foreign parentage, 14.1 years: 12.8 years for the males and 15.1 years for the females. (Native-born patients of unknown parentage are excluded because of the few cases under consideration). The lowest average admission age occurs in the native-born of native parentage, 11.5 years; 9.8 for the males and 12.8 for the females. The percentage distribution for these factors reflect the tendencies reviewed in the averages.

TABLE 98. — *Percentage Distribution of Ages in First Admissions to State Schools, 1931; by Nativity and Parentage.*

AGE GROUPS.	AGGREGATE.			NATIVE BORN.					
				TOTAL.			PARENTAGE.		
	M.	F.	T.	M.	F.	T.	NATIVE.	FOREIGN.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	7.7	6.5	7.0	8.0	6.7	7.3	12.8	9.7	11.0
5-9 years	42.8	28.0	34.7	43.2	28.2	34.9	47.2	33.3	39.3
10-14 years	27.3	27.2	27.2	27.1	27.2	27.2	28.6	25.8	27.0
15-19 years	19.1	22.8	21.1	19.1	23.2	21.4	8.6	18.3	14.1
20-24 years	2.6	5.2	4.0	2.1	4.9	3.6	1.4	4.3	3.1
25-29 years . . . . .	.5	4.3	2.3	.5	4.5	2.4	1.4	5.4	3.1
30-34 years . . . . .	.5	3.0	1.9	.5	2.7	1.8	.6	1.1	.6
35-39 years . . . . .	.5	1.3	.8	.5	1.3	.5	.6	1.1	.6
40-44 years . . . . .	.5	1.3	.8	.5	1.3	.5	.6	1.1	.6
45-49 years . . . . .	.5	.4	.2	.5	.4	.2	.6	1.1	.6
50 years and over . . . . .	.5	.4	.2	.5	.4	.2	.6	1.1	.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.9	14.3	12.7	10.9	14.1	12.6	9.8	12.8	11.5
							12.8	15.1	14.1

TABLE 98. — *Percentage Distribution of Ages in First Admissions to State Schools, 1931, by Nativity and Parentage.* — Concluded.

AGE GROUPS.	NATIVE BORN. — <i>Con.</i>						FOREIGN BORN.						UNKNOWN.					
	PARENTAGE. — <i>Con.</i>																	
	MIXED.			UNKNOWN.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	8.3	6.5	7.4	83.3	—	50.0	25.0	28.5	27.2	—	—	—	50.0	—	—	—	—	—
5-9 years	43.3	24.2	33.6	16.7	—	10.0	50.0	28.6	36.4	—	—	—	—	—	—	—	—	33.4
10-14 years	25.0	30.6	27.9	—	25.0	10.0	—	14.3	9.1	50.0	—	—	—	—	—	—	—	—
15-19 years	23.4	27.4	25.4	—	—	—	25.0	—	9.1	—	100.0	—	—	—	—	—	—	33.3
20-24 years	—	3.2	1.6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	—	6.5	3.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	25.0	10.0	—	—	9.1	—	—	—	—	—	—	—	—	—
35-39 years	—	1.6	.8	—	25.0	10.0	—	—	—	—	—	—	—	—	—	—	—	—
40-44 years	—	—	—	—	25.0	10.0	—	—	9.1	—	—	—	—	—	—	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.7	13.7	12.2	8.3	32.5	18.0	13.5	18.9	17.0	12.5	22.5	15.8	12.5	22.5	15.8	12.5	22.5	15.8

Section H. All Discharges from State Schools for the Mentally Deficient during 1931.

The section following discusses various factors in reference to discharges from State schools during the year 1931.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1931.

The largest number of patients discharged during 1931 fell in the age group 20-24 years, 27.1 per cent, (Table 99). Twenty-five and three tenths per cent were discharged between the ages of fifteen and nineteen years, and 15.1 per cent between the ages of ten and fourteen years. We observe that a total of 67.5 per cent of cases were discharged between the ages of ten and twenty-four years. The higher mental classifications are discharged at higher ages. Ten per cent of idiots were discharged under the age of 10 years, while but 4.1 per cent of imbeciles and 1.3 per cent of morons were discharged in this age grouping.

The average age at discharge of all patients discharged from State schools is 22.2 years; 21.2 years for males and 23.6 years for females. The idiots showed the lowest average age at discharge, that of 18.0 years; 20.8 years for males and 13.7 years for females. The imbeciles show the highest average age at discharge, that of 23.6 years; 22.8 years for males and 24.8 years for females.

It is interesting to observe that the average admission age for this year was 12.7 years, while the average discharge age was 22.2 years. We may say that approximately ten years on the average is required to prepare a child for successful life in the community.

ALL DISCHARGES FROM STATE SCHOOLS, 1931; RATES PER 1,000 CASES UNDER TREATMENT.

During 1931, 166 patients were discharged from the three State schools for the mentally defective, (Table 100). Of these, 97 or 58.4 per cent were males, and 69 or 41.6 per cent were females. Twenty-two were discharged from the Belchertown State School: 36.4 per cent were males, and 63.6 per cent were females. Seventy-nine were discharged from the Walter E. Fernald State School: 70.9 per cent were males, and 29.1 per cent were females. Sixty-five were discharged from the Wrentham State School: 50.8 per cent were males, and 49.2 per cent were females.

The rate of discharge per 1,000 of cases under treatment for all schools was 35; 43 for the males and 29 for the females. The Walter E. Fernald and Wrentham State Schools showed the highest discharge rates with 44 and 38 patients, respectively, discharged per 1,000 cases under treatment for each school. Belchertown showed 18 patients discharged per 1,000 under treatment. The discharge rate for males was decidedly higher than that for females in each of the three State schools except Belchertown.

DISCHARGES FROM STATE SCHOOLS, 1931: RATES PER 1,000 CASES IN RESIDENCE.

Table 101 shows the present age of all cases in residence on September 30, 1931, the age at discharge of all cases discharged during 1931, and the rate of discharge per 1,000 cases in residence of the same age groups. The highest rate of discharge is observed in the age group 20-24 years, a rate of 57 cases discharged for each 1,000 cases in residence. The age groups 15-19 years and 25-29 years also show high rates of 43 and 42 per 1,000, respectively. The numbers in the age group 5-9 years are rather small and, therefore, should not be considered in comparison with the groups presenting larger numbers. However, it is rather surprising to observe that the discharge rate in the group 5-9 years is 20.

In summarizing this table, and in considering the groups presenting the larger numbers, we may say that the more favorable age groups for discharge lie between 15 and 29 years. The rates for individuals thirty years or older show a decided trend to lower levels.

MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1931; RATES PER 100 FIRST ADMISSIONS OF SAME MENTAL STATUS.

Of the 166 discharges from the three State schools in 1931, 20 or 12.0 per cent were idiots, 49 or 29.6 per cent were imbeciles, and 78 or 46.9 per cent were morons. Nineteen or 11.5 per cent were classified as not mentally defective. We note that 58.4 per cent of discharges were morons or higher, while 65.1 per cent of all admissions came in these groups (Table 90).

TABLE 99. — *Percentage Distribution of Ages of All Patients Discharged from State Schools, 1931, by Mental Status.*¹

AGE AT DISCHARGE.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	6.2	1.5	4.2	8.3	12.5	10.0	6.7	—	4.1	2.0	—	1.3	28.6	—	10.5
10-14 years	14.4	15.9	15.1	25.0	62.5	40.0	10.0	5.3	8.2	16.6	8.3	5.3	—	8.3	5.3
15-19 years	27.8	21.7	25.3	25.0	12.5	20.0	26.7	42.1	32.7	31.3	16.7	15.8	14.3	33.4	15.8
20-24 years	31.9	20.3	27.1	16.8	12.5	15.0	26.7	10.5	20.4	37.5	33.4	36.8	42.8	25.0	36.8
25-29 years	9.3	17.3	12.7	8.3	—	5.0	16.7	15.7	16.3	4.2	20.0	21.0	14.3	8.3	21.0
30-34 years	3.1	13.1	7.2	—	—	—	3.3	10.5	6.1	4.2	20.0	5.3	—	—	5.3
35-39 years	1.0	5.8	3.0	8.3	—	5.0	—	5.3	2.0	—	—	—	—	—	—
40-44 years	2.1	1.5	1.8	8.3	—	5.0	3.3	5.3	4.1	2.1	—	—	—	8.3	5.3
45-49 years	2.1	2.9	2.4	—	—	—	3.3	5.3	4.1	2.1	—	—	—	—	—
50 years and over	2.1	—	1.2	—	—	—	3.3	—	2.0	2.1	—	—	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	21.2	23.6	22.2	20.8	13.7	18.0	22.8	24.8	23.6	20.7	25.0	22.3	18.2	25.0	22.5

¹Idiot, I. Q. Under I. Q. 24; Imbecile, 25-49; Moron I. Q. 50-74; Not Mentally Defective I. Q. 75 and over.

TABLE 100. — *Number of Discharges from State Schools, 1931, by Schools; Rates per 1,000 of Cases under Treatment.*¹

STATE SCHOOLS.	NUMBER UNDER TREATMENT.			NUMBER OF DISCHARGES.			PER CENT.			RATE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	503	684	1,187	8	14	22	36.4	63.6	100.0	15.	20.	18.
Walter E. Fernald	1,079	682	1,761	56	23	79	70.9	29.1	100.0	51.	33.	44.
Wrentham	668	999	1,667	33	32	65	50.8	49.2	100.0	49.	32.	38.
Total	2,250	2,365	4,615	97	69	166	58.4	41.6	100.0	43.	29.	35.

¹Includes all discharges irrespective of I. Q. Cases under treatment are obtained by adding Resident Population on September 30, 1931, Discharges during the year 1931, and the number of Patients Dying during the year 1931.

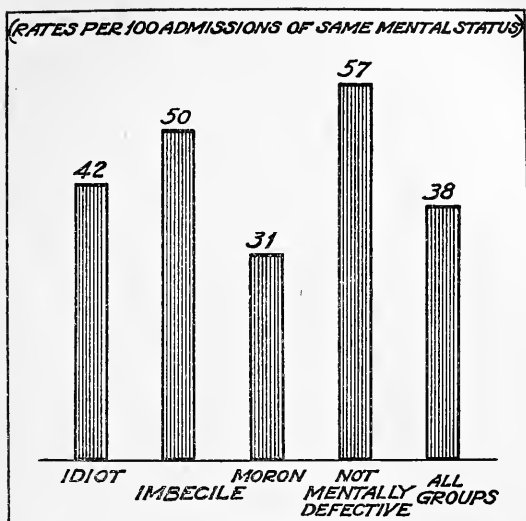
TABLE 101. — *Present Age Distribution of All Cases in Residence September 30, 1931¹ and Present Age of All Cases Discharged during 1931, by Sex; Discharge Rate per 1,000 of Cases in Residence of Same Age Groups.*

AGE GROUPS.	PRESENT AGE OF ALL CASES IN RESIDENCE.			AGE AT DISCHARGE OF ALL CASES DISCHARGED, 1931.			RATE PER 1,000 OF CASES IN RESIDENCE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	20	17	37	—	—	—	—	—	—
5—9 years	204	143	347	6	1	7	29.	6.	20.
10—14 years	443	265	708	14	11	25	31.	41.	35.
15—19 years	503	455	958	27	15	42	53.	32.	43.
20—24 years	351	433	784	31	14	45	88.	32.	57.
25—29 years	194	305	499	9	12	21	46.	39.	42.
30—34 years	157	226	383	3	9	12	19.	39.	31.
35—39 years	95	175	270	1	4	5	10.	22.	18.
40—44 years	62	126	188	2	1	3	32.	7.	15.
45—49 years	54	55	109	2	2	4	37.	36.	36.
50—54 years	32	36	68	2	—	2	62.	—	29.
55—59 years	15	20	35	—	—	—	—	—	—
60—64 years	5	15	20	—	—	—	—	—	—
65 years and over	—	6	6	—	—	—	—	—	—
Total	2,135	2,277	4,412	97	69	166	45.	30.	37.

TABLE 102. — *Mental Status of Patients Discharged from State Schools, 1931; Rates per 100 First Admissions of Same Mental Status.*¹

MENTAL STATUS.	FIRST ADMISSIONS.			DISCHARGES.			DISCHARGE RATE PER 100 FIRST ADMISSIONS SAME MENTAL STATUS.		
				MALES.	FEMALES.	TOTAL.			
	M.	F.	T.	Num- ber.	Per- cent.	Num- ber.	Per- cent.	Num- ber.	Per- cent.
Idiot	27	20	47	12	12.4	8	11.6	20	12.0
Imbecile	42	55	97	30	30.9	19	27.5	49	29.6
Moron	107	142	249	48	49.5	30	43.5	78	46.9
Not mentally defective	18	15	33	7	7.2	12	17.4	19	11.5
Total	194	232	426	97	100.0	69	100.0	166	100.0
								50.0	29.7
								38.9	

¹Idiot, I. Q. under. 24; Imbecile, I. Q. .25—49; Moron, I. Q. .50—74; Not Mentally Defective, I. Q. .75 and over.



GRAPH 11. — MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1931; RATES PER 100 ADMISSIONS OF SAME MENTAL STATUS.

A fairly satisfactory comparison between the rate of discharges in the various mental groups is obtained in the number of discharges per 100 first admissions of the same mental status. Table 102 and Graph 11 show the discharge rates for 1931. For all mental classes and both sexes the rate of discharge is 38.9 cases for each 100 first admissions. The rate for males is 50.0, being higher than that of females, 29.7. The highest rate is noted in male imbeciles, 71.4 discharges per 100 first admissions of the same mental status; the lowest in female morons, 21.1. The rates for males are higher in the idiot, imbecile and moron groups, while the rates for females are higher in the not mentally defective group only.

AVERAGE TIME IN STATE SCHOOLS DURING PRESENT ADMISSION OF PATIENTS DISCHARGED DURING 1931, BY MENTAL STATUS.

Table 103 gives the average time on the books of State schools, the average time spent out on visit, and the net time spent within the institutions for all cases discharged from State schools during 1931, by mental status and sex. The average time which these discharged cases spent on the books was 7.84 years; 7.86 years for males and 7.79 years for females. An average of 1.63 years was spent out of the institution on visit or parole; 1.55 years for males and 1.74 years for females.

TABLE 103. — *Average Net Time in Years within Institution during this Admission and Mental Status of All Patients Discharged, 1931.*¹

MENTAL STATUS.	TOTAL DISCHARGES.			AVERAGE IN YEARS.								
				AVERAGE TIME ON BOOKS.			AVERAGE TIME SPENT OUT. ²			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	12	8	20	10.56	3.72	7.82	.66	.37	.54	9.90	3.35	7.28
Imbecile	30	19	49	8.06	9.35	8.56	1.50	.63	1.17	6.56	8.72	7.39
Moron	48	30	78	7.44	7.95	7.64	1.86	2.42	2.07	5.58	5.53	5.57
Not mentally defective .	7	12	19	5.28	7.67	6.79	1.23	2.75	2.19	4.05	4.92	4.60
Total	97	69	166	7.86	7.79	7.84	1.55	1.74	1.63	6.31	6.05	6.21

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .49-.74; Not Mentally Defective, I. Q. .75 and over.

²While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

The average net time spent within the institution was 6.21 years; 6.31 years for males and 6.05 years for females.

The imbeciles showed the longest net average time within the institution, or 7.39 years. Next in order are the idiot group with 7.28 years, morons, 5.57 years, and the not mentally defective group, 4.60 years. The idiot and moron males remained longer than the females. In the other groups, however, the females showed a longer average stay within institutions.

It is interesting to compare the average length of hospital stay of patients with mental diseases discharged during the same year. We found in Table 59 that the average length of hospital stay for mental patients was almost one year. On the average, cases of mental deficiency remained six times as long in State schools as mental cases remained in mental hospitals.

AVERAGE TIME WITHIN STATE SCHOOLS, BY SCHOOL; ALL PATIENTS DISCHARGED, 1931.

Table 104 gives the average net time which all patients discharged during 1931 spent in particular schools. Belchertown presented the shortest average length of stay, with 3.41 years. The Walter E. Fernald State School revealed the longest average stay, with 7.56 years. In this institution the males remained 2.18 years longer than the females, the averages being 8.20 years for the males as compared with 6.02 years for the females. Wrentham was intermediate with an average length of school stay of 5.49 years; males 3.81 years, and females 7.24 years.

TABLE 104. — *Average Net Time Within State Schools, All Patients Discharged, 1931, by School.*¹

STATE SCHOOLS.	AVERAGE NET TIME IN YEARS.		
	M.	F.	T.
Belchertown	3.47	3.38	3.41
Walter E. Fernald	8.20	6.02	7.56
Wrentham	3.81	7.24	5.49
Total	6.31	6.05	6.21

¹Includes all patients discharged, irrespective of mental status.

AVERAGE TIME ON BOOKS BY AGE AT ADMISSION; ALL PATIENTS DISCHARGED 1931.

Table 105 shows the total time spent on the books of all cases discharged, by age at admission. With the exception of the under 5 year group, which contains only one case, it will be observed that the longest time on the books was spent by cases who were admitted between 20 and 29 years of age, 10.82 years. Those who were admitted in the age groups 15-19 years spent an average of 8.86 years on the books of State schools, while those admitted between 5 and 9 years spent an average of 7.88 years on the books.

TABLE 105. — *Average Length of Present School Stay of All Cases Discharged during 1931, by Age at Admission and Sex.*

AGE AT ADMISSION.	NUMBER.			AVERAGE LENGTH OF RESIDENCE.		
	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	12.50	—	12.50
5-9 years	28	10	38	8.30	6.72	7.88
10-14 years	38	21	59	6.94	7.45	7.12
15-19 years	25	23	48	9.01	8.70	8.86
20-24 years	1	10	11	1.50	6.79	6.31
25-29 years	3	2	5	8.01	15.00	10.82
30-34 years	—	3	3	—	5.59	5.59
35-39 years	—	—	—	—	—	—
40 years and over	1	—	1	3.50	—	3.50
Total	97	69	166	7.86	7.79	7.84

It will be observed from this table that the greater number of discharges occur in cases who were admitted between the ages of 5 and 24 years. These cases show an average of time spent on the books of approximately seven years. The average time on books for all cases discharged is 7.84 years: 7.86 years for males and 7.79 years for females.

AVERAGE NUMBER OF TIMES OUT ON VISIT THIS ADMISSION, ALL PATIENTS
DISCHARGED DURING 1931.

Table 106 discusses the average number of times out on visit during this admission for all patients discharged from State schools during the year 1931, by school. The total number of discharges from all schools for the year 1931 was 166. Walter E. Fernald discharged the largest number with 79, and Belchertown State School the fewest with 22.

TABLE 106. — *Average Number of Times Out on Visit during This Admission of All Patients Discharged from State Schools, 1931, by School.*¹

STATE SCHOOLS.	NUMBER.	AVERAGE TIMES OUT.
Belchertown	22	3.33
Walter E. Fernald	79	3.37
Wrentham	65	3.21
Total	166	3.26

¹Includes all patients discharged, irrespective of mental status.

The highest average number of times out on visit occurs in the Walter E. Fernald State School discharges, an average of 3.37. Belchertown State School is next in order with an average of 3.33 visits per discharge, and Wrentham the lowest with an average of 3.21. For all schools we note that all discharges during the year 1931 averaged 3.26 visits during this particular admission.

Section J. Deaths Occurring in State Schools for the Mentally Deficient during 1931.

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1931.

NUMBER OF DEATHS IN STATE SCHOOLS, 1931, BY SCHOOL; RATES PER 1,000 CASES
UNDER TREATMENT.

A total of 37 cases died in all State schools during 1931: 18 males and 19 females, (Table 107). Wrentham State School presented the largest number of deaths with 21. Next in order is W. E. Fernald with 9 deaths, and lastly Belchertown with 7 deaths.

TABLE 107. — *Number of Deaths at State Schools, 1931, by School; Rates per 1,000 Cases under Treatment.*¹

STATE SCHOOLS.	NUMBER.						PERCENT.			RATES PER 1,000 UNDER TREATMENT.		
	UNDER TREATMENT.			DEATHS.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	503	684	1,187	2	5	7	28.6	71.4	100.0	3.	7.	5.
Walter E. Fernald	1,079	682	1,761	6	3	9	66.7	33.3	100.0	5.	4.	5.
Wrentham	668	999	1,667	10	11	21	47.6	52.4	100.0	14.	11.	12.
Total	2,250	2,365	4,615	18	19	37	48.6	51.4	100.0	8.	8.	8.

¹Includes all deaths irrespective of I. Q. Cases under Treatment are obtained by adding Resident Population on September 30, 1931, Discharges during the year 1931, and the number of Patients Dying during the year 1931.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate per 1,000 of the resident population for all schools was 8 persons; 8 deaths per 1,000 males, and 8 deaths per 1,000 females under treatment.

Wrentham presents the highest rate with 12 deaths per 1,000 patients. Walter E. Fernald and Belchertown are next with 5 patients dying per each 1,000 under treatment. We observe that there is a slight variation in the death rate for the sexes.

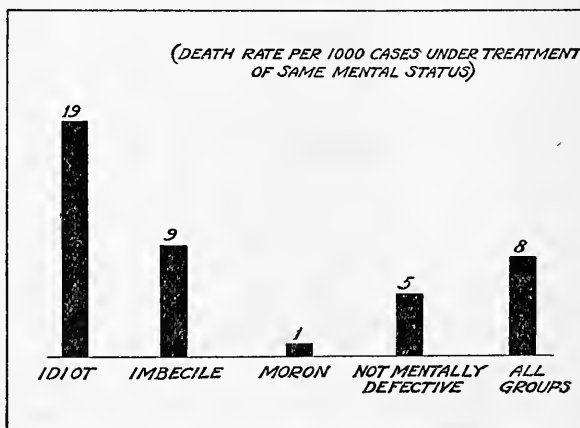
MENTAL STATUS OF PATIENTS DYING IN STATE SCHOOLS, 1931; DEATH RATES PER 1,000 CASES UNDER TREATMENT.

Of the total of 37 deaths which occurred during the year, seventeen were in the idiot group, sixteen in the imbecile classification, three in the moron group, and one in the not mentally defective group, (Table 108 and Graph 12).

TABLE 108. — Mental Status of Patients Dying in State Schools, 1931; Rates per 1,000 under Treatment of Same Mental Status.¹

MENTAL STATUS.	NUMBER.						RATES.		
	UNDER TREATMENT.			DEATHS.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	483	375	858	10	7	17	20.	18.	19.
Imbecile	837	851	1,688	6	10	16	7.	11.	9.
Moron	855	1,042	1,897	2	1	3	2.	.9	1.
Not mentally defective	75	97	172	—	1	1	—	10.	5.
Total.	2,250	2,365	4,615	18	19	37	8.	8.	8.

¹Cases under treatment are obtained by adding Resident Population on September 30, 1931, Discharges during the year 1931, and the number of Patients Dying during 1931.



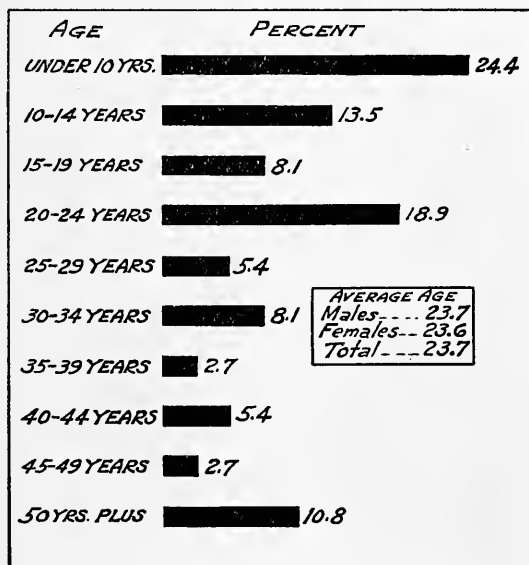
GRAPH 12. — PATIENTS DYING IN STATE SCHOOLS, 1931. RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS.

During the year 1931, we observe that 8 patients died per 1,000 cases under treatment. The death rate was highest in the idiot group, 19. The imbecile group presented the intermediate figure of 9, and the moron group presented the lowest death rate per 1,000 morons under care, that of 1. The rate for the not mentally defective group is 5. Thus, we observe that the death rate among the imbeciles is nine times that of the morons, and that the death rate among the idiots is nineteen times that of the moron classification.

Comparing the total death rate of 8 persons per 1,000 cases under treatment with the death rate of 64 per 1,000 cases under treatment in hospitals for mental diseases (Table 61), we note that the death rate in mental hospitals is approximately eight times as high as that observed in the State schools.

AGE OF PATIENTS DYING IN STATE SCHOOLS, 1931, BY MENTAL STATUS.

The average age of patients who died in State schools in 1931 was 23.7 years; 23.7 years for males and 23.6 for females, (Table 109). The average age for idiots was 16.6 years; males 20.0 years and females 11.9 years. For imbeciles the average age was 29.5 years; males 27.6 years and females 30.6 years. For morons the average age was 31.1 years; 30.5 years for males and 32.5 years for females. The average age at death of the not mentally defective group was 27.5 years. The lowest average age at death occurs in the idiots, 16.6 years, and the highest average age among the morons 31.1 years.



GRAPH 13. — PERCENTAGE DISTRIBUTION, BY AGES, OF MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING 1931.

Graph 13 outlines the percentage distribution of deaths by age groups. We observe that 24.4 per cent of all deaths occurred under the age of ten years, while 4.2 per cent of discharges left the school at these ages, (Table 99).

DURATION OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1931.

The average length of school residence during all admissions of patients dying during 1931 is 10.5 years; 10.8 years for males and 10.2 years for females, (Table 110). The longest period of residence is observed among the imbeciles, 13.5 years; 12.1 years for males and 14.3 years for females. The idiots remained the next longest period, 8.3 years; 12.0 years for males and 3.0 years for females. With the exception of the not mentally defective group which contained only one case, the morons remained the shortest time, 8.0 years; .79 years for males and 22.5 years for females.

TABLE 109. — *Percentage Distribution of Ages in All Patients who Died in State Schools, 1931, by Mental Status.*

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	11.1	10.5	10.9	—	14.3	5.9	16.6	10.0	12.5	50.0	—	33.3	—	—	—
5-9 years	5.3	21.0	13.5	10.0	42.9	23.5	—	10.0	6.2	—	—	—	—	—	—
10-14 years	16.6	10.5	13.5	20.0	14.3	17.6	16.6	10.0	12.5	—	—	—	—	—	—
15-19 years	11.1	5.3	8.1	10.0	—	5.9	16.7	10.0	12.5	—	—	—	—	—	—
20-24 years	22.1	15.7	18.9	40.0	28.5	35.3	—	10.0	6.2	—	—	—	—	—	—
25-29 years	5.6	5.3	5.4	10.0	—	5.9	—	—	—	—	—	—	—	100.0	100.0
30-34 years	5.6	10.5	8.1	10.0	—	5.9	—	10.0	6.2	—	100.0	33.3	—	—	—
35-39 years	5.6	—	2.7	—	—	—	16.7	—	6.2	—	—	—	—	—	—
40-44 years	5.6	5.3	5.4	—	—	—	16.7	10.0	12.5	—	—	—	—	—	—
45-49 years	—	5.3	2.7	—	—	—	—	10.0	6.2	—	—	—	—	—	—
50-54 years	5.6	—	2.7	—	—	—	16.7	—	6.2	—	—	—	—	—	—
55-59 years	5.6	5.3	5.4	—	—	—	—	10.0	6.2	50.0	—	33.4	—	—	—
60 years and over	—	5.3	2.7	—	—	—	—	10.0	6.2	—	—	—	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0
Average Age	23.7	23.6	23.7	20.0	11.9	16.6	27.6	30.6	29.5	30.5	32.5	31.1	—	27.5	27.5

TABLE 110. — *Percentage Distribution of Length of Time in Residence during All Admissions of All Patients Dying in State Schools, 1931, by Mental Status.*

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	22.2	31.6	27.1	10.0	42.8	23.5	16.6	30.0	25.0	100.0	—	66.7	—	—	—
1 year	—	5.3	2.7	—	14.3	5.9	—	—	—	—	—	—	—	—	—
2 years	11.1	10.5	10.8	—	28.6	11.7	33.3	—	12.5	—	—	—	—	—	—
3 years	5.5	—	2.7	10.0	—	5.9	—	—	—	—	—	—	—	—	—
4 years	5.5	—	2.7	10.0	—	5.9	—	—	—	—	—	—	—	—	—
5-9 years	11.1	15.7	13.5	10.0	—	5.9	16.7	20.0	18.7	—	—	—	—	100.0	100.0
10-14 years	5.6	5.3	5.4	10.0	14.3	11.8	—	—	—	—	—	—	—	—	—
15-19 years	22.2	5.3	13.5	40.0	—	5.9	—	10.0	6.2	—	—	—	—	—	—
20-24 years	5.6	15.7	10.8	10.0	—	5.9	—	20.0	12.5	100.0	—	33.3	—	—	—
25-29 years	5.6	5.3	5.4	—	—	—	16.7	10.0	12.5	—	—	—	—	—	—
30-34 years	5.6	—	2.7	—	—	—	16.7	10.0	6.3	—	—	—	—	—	—
35-39 years	—	5.3	—	—	—	—	—	10.0	6.3	—	—	—	—	—	—
40 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0
Average residence in years	10.8	10.2	10.5	12.0	3.0	8.3	12.1	14.3	13.5	.79	22.5	8.0	—	7.5	7.5

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1931.

Table 111 gives the percentage distribution of all causes of death of patients who died at State schools in 1931, by mental status. Causes of death showing the highest proportions are: tuberculosis of the respiratory system, 24.4 per cent; bronchopneumonia, 18.9 per cent; lobar pneumonia, 13.5 per cent; and nephritis and cerebral hemorrhage, 5.4 per cent each. In considering the individual mental status groups, we observe that the more prevalent causes of death in the idiot group are bronchopneumonia and tuberculosis of the respiratory system, 29.4 per cent each; and scarlet fever, epilepsy, nephritis and traumatism with 5.9 per cent each. The imbecile group presents the following causes of death as most important: tuberculosis of the respiratory system, 25.0 per cent; lobar pneumonia, 18.9 per cent; and cerebral hemorrhage, 12.7 per cent. Very few cases died in the moron and not mentally defective groups, and discussion of causes of death of these groups is not justified.

TABLE 111. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools during 1931.*

CAUSES OF DEATH.	TOTAL.	IDIOT.	IMBECILE.	MORON.	NOT MENTALLY DEFECTIVE
Epidemic, endemic and infectious diseases:					
Scarlet fever	2.7	5.9	—	—	—
Tuberculosis of respiratory system	24.4	29.4	25.0	—	—
Syphilis	2.7	—	6.2	—	—
Diseases of Nervous System and other Organs of Special Sense:					
Diseases of spinal cord	2.7	—	6.2	—	—
Cerebral hemorrhage, apoplexy	5.4	—	12.7	—	—
Epilepsy	2.7	5.9	—	—	—
Diseases of the Circulatory System:					
Diseases of the heart	2.7	—	—	33.3	—
Arteriosclerosis	2.7	—	—	33.3	—
Endocarditis and myocarditis	2.7	—	6.2	—	—
Diseases of the Respiratory System:					
Bronchopneumonia	18.9	29.4	6.2	—	100.0
Lobar pneumonia	13.5	11.7	18.9	—	—
Asthma	2.7	—	—	33.3	—
Diseases of the Digestive System:					
Ulcer of the Stomach	2.7	—	6.2	—	—
Other diseases of the liver	2.7	—	6.2	—	—
Non-venereal diseases of the Genito-Urinary system and annexa:					
Chronic nephritis	5.4	5.9	6.2	—	—
External Causes:					
Accidental traumatism	2.7	5.9	—	—	—
Other external causes	2.7	5.9	—	—	—
Total — All Causes	100.0	100.0	100.0	100.0	100.0

It appears that disorders of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1931. We observe that 59.5 per cent of all deaths were due to respiratory diseases of some type. Cerebral hemorrhage and nephritis are also outstanding.

Section K. All Cases in Residence in State Schools on September 30, 1931.

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1931.

ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1931.

On September 30, 1931, 4,412 individuals were in residence in the three State schools; 2,135 males and 2,277 females. Belchertown State School contributed 1,158, Walter E. Fernald State School 1,673, and Wrentham State School 1,581, (Table 112).

The Walter E. Fernald State School presents the larger number of males in residence; 60.8 per cent males, and 39.2 per cent females. Belchertown with 42.6 per cent males and 57.4 per cent females, and Wrentham with 39.5 per cent males and 60.5 per cent females, present larger numbers of females in residence.

TABLE 112. — *All Patients in Residence in State Schools, 1931, by School.*¹

STATE SCHOOLS.	NUMBER IN RESIDENCE.			PERCENT.		
	M.	F.	T.	M.	F.	T.
Belchertown	493	665	1,158	42.6	57.4	100.0
Walter E. Fernald	1,017	656	1,673	60.8	39.2	100.0
Wrentham	625	956	1,581	39.5	60.5	100.0
Total	2,135	2,277	4,412	48.4	51.6	100.0

¹Includes all patients in residence, irrespective of mental status.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1931.

Table 113 presents material on the age at *admission* and average length of school stay of all cases in residence in State schools on September 30, 1931, by sex. Of the resident population we observe that 1,345 were admitted to the State schools between the ages of 10 and 14 years; 1,210 were admitted between the ages of 5 and 9 years; and 869 between 15 and 19 years. A total of 2,746, or 62 per cent of all resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age of 30.

TABLE 113. — *Age at Admission and Average Length of School Stay of All Patients in Residence, 1931.*¹

AGE GROUPS.	NUMBER.			AVERAGE LENGTH OF RESIDENCE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Under 5 years	117	74	191	7.98	7.18	7.67
5-9 years	759	451	1,210	8.84	9.39	9.05
10-14 years	709	636	1,345	9.50	8.77	9.16
15-19 years	337	532	869	9.42	8.73	9.00
20-24 years	98	268	366	8.81	10.08	9.74
25-29 years	50	130	180	8.90	8.88	8.89
30-34 years	23	91	114	8.92	8.35	8.46
35-39 years	21	53	74	8.45	7.67	7.89
40-44 years	10	22	32	6.50	9.02	8.23
45-49 years	7	9	16	5.54	8.72	7.33
50-54 years	2	7	9	4.00	6.45	5.91
55-59 years	2	4	6	5.50	7.50	6.83
60 years and over	—	—	—	—	—	—
Total	2,135	2,277	4,412			
Average	12.6	16.4	14.5	9.07	8.94	9.01

¹Includes all patients in residence, irrespective of mental status.

Comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5-9 years, and 10-14 years, a total of 1,585 of the resident males being admitted during these ages as compared with 1,161 for the females. However, in admission ages above 15 years, we find the females predominating, or 1,116 cases of the resident females admitted in these age groups as compared with 550 for the males. Males tend to be admitted under the age of 14 years, as 74 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.5 years; for the females 16.4 years, and for the males 12.6 years.

In turning to the second section of this table, we note that cases admitted between 20 and 24 years have remained the longest average time, that of 9.74 years. Cases admitted in the age groups 5-9 years, 10-14 years and 15-19 years also have relatively long average periods of residence. There is a slight decrease in school

stay of cases admitted after the age of 24 years. The shortest average length of residence occurs in the group admitted between the ages of 50 and 54 years, an average of 5.91 years. The sex differences for the various admission ages are not consistent. For all age groups combined, we notice that the average length of school stay of the resident population is 9.01 years. The males average a stay which is slightly longer than that of the females, 9.07 years as compared with 8.94 years.

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS
IN RESIDENCE, 1931.

Table 114 compares the *present* age and average length of school stay of patients in residence on September 30, 1931. Here it will be observed that the majority of resident cases fall in the age group 15-19 years with 958 patients within that classification on September 30, 1931. Seven hundred and eighty-four patients are found to be within the age group 20-24 years, while 708 patients are found in the age group 10-14 years. Whereas we found in the previous table (Table 113) that the majority of cases fell in the age group 5-19 years at admission, Table 114 indicates that the present age of these patients shows the greater numbers in the age groups 10-24 years, a difference of five years.

TABLE 114. — *Present Age and Average Length of School Stay of All Patients in Residence, 1931.*¹

AGE GROUPS.	NUMBER.			AVERAGE LENGTH OF RESIDENCE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Under 5 years	20	17	37	.84	.53	.70
5-9 years	204	143	347	1.78	1.43	1.64
10-14 years	443	265	708	4.21	3.64	4.00
15-19 years	503	455	958	6.11	5.28	5.72
20-24 years	351	433	784	9.26	7.93	8.53
25-29 years	194	305	499	12.75	10.37	11.30
30-34 years	157	226	383	15.21	12.39	13.55
35-39 years	95	175	270	18.31	14.37	15.69
40-44 years	62	126	188	23.22	15.76	18.22
45-49 years	54	55	109	22.84	17.80	20.30
50-54 years	32	36	68	32.89	24.46	28.42
55-59 years	15	20	35	22.90	24.40	23.75
60-64 years	5	15	20	28.60	22.30	23.87
65 years and over	—	6	6	—	34.33	34.33
Total	2,135	2,277	4,412			
Average	21.4	24.9	23.2	9.07	8.94	9.01

¹Includes all patients in residence, irrespective of mental status.

The longest average length of residence is found among those cases whose present age is between 50 and 54 years, 28.42 years. (The age group 65 years and over is excluded because of the few cases concerned). The age groups 55-59 years and 60-64 years are next in order with 23.75 and 23.87 years, respectively. It is interesting to observe in this table the great increases in length of school stay as the present age of the patient increases, showing that many of these cases were admitted at comparatively young ages and have had long terms of residence within the State schools.

The average present age of resident patients is 23.2 years, making a difference of 8.7 years between this age and the average age at admission, 14.5 years. The average present age of males is 21.4 years, and that of females 24.9 years, the females averaging 3.5 years older than the males.

TABLE 115. — *Admission Ages of All Patients in Residence, 1931, by Nativity and Parentage; Percentage Distribution.*¹

ADMISSION AGE.	AGGREGATE.			NATIVE BORN.					
	PARENTAGE.			TOTAL.			NATIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	5.5	3.2	4.3	5.7	3.5	4.5	6.1	4.7	5.4
5-9 years	35.5	19.8	27.4	36.0	20.5	28.1	37.1	20.6	29.0
10-14 years	33.2	27.9	30.5	33.0	28.4	30.6	32.2	27.2	29.7
15-19 years	15.8	23.4	19.7	15.6	23.5	19.6	14.0	22.3	18.1
20-24 years	4.6	11.8	8.3	4.7	11.5	8.1	5.0	10.6	7.7
25-29 years	2.3	5.7	4.1	2.2	5.4	3.9	1.9	5.5	3.7
30-34 years	1.1	4.0	2.6	1.0	3.6	2.3	1.3	4.4	2.8
35-39 years	1.0	2.3	1.7	.9	2.0	1.5	1.6	2.4	2.0
40-44 years	.5	1.0	.7	.5	.8	.7	.6	1.4	1.0
45-49 years	.3	.4	.4	.3	.4	.4	.1	.5	.3
50-54 years	.1	.3	.2	.04	.3	.2	—	.2	.1
55-59 years	.1	.2	.1	.1	.1	.1	.1	.2	.2
60 years and over	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	12.6	16.4	14.5	12.5	16.0	14.3	12.5	16.2	14.3
							100.0	100.0	100.0
							12.2	14.8	13.6

¹Includes all patients in State Schools, irrespective of mental status.

TABLE 115. — Admission Ages of All Patients in Residence, 1931, by Nativity and Parentage; Percentage Distribution.¹ — Concluded.

ADMISSION AGE.	NATIVE BORN. — Con.						FOREIGN BORN.						NATIVITY UNKNOWN.					
	PARENTAGE. — Con.																	
	MIXED.			UNKNOWN.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	6.7	2.9	4.7	3.2	—	1.3	—	—	—	21.9	5.6	—	3.8	—	—	3.8	—	2.5
5-9 years	35.2	18.9	26.8	25.8	6.8	14.6	—	—	—	37.5	22.2	11.1	34.6	35.8	—	34.6	35.8	35.0
10-14 years	31.7	28.7	30.1	38.7	20.3	27.9	—	—	—	20.3	21.4	27.3	38.5	14.3	—	23.1	14.3	30.0
15-19 years	16.3	25.2	20.9	22.5	33.1	28.8	—	—	—	4.7	17.5	21.1	—	7.1	—	—	7.1	20.0
20-24 years	3.9	12.6	8.4	6.5	24.1	16.8	—	—	—	6.3	9.5	13.2	—	14.3	—	—	14.3	2.5
25-29 years	3.6	5.4	4.5	1.1	6.8	4.5	—	—	—	4.7	9.5	8.4	—	7.1	—	—	7.1	5.0
30-34 years . . . . .	.9	2.8	1.9	1.1	4.5	3.1	—	—	—	3.1	7.9	7.9	—	7.1	—	—	7.1	2.5
35-39 years . . . . .	.5	2.0	1.3	—	3.7	2.2	—	—	—	—	4.0	6.3	—	—	—	—	—	—
40-44 years . . . . .	.5	.5	.5	1.1	.7	.4	—	—	—	—	.8	.5	—	—	—	—	—	—
45-49 years . . . . .	.5	.5	.5	—	—	—	—	—	—	1.5	.8	1.1	—	—	—	—	—	—
50-54 years . . . . .	.2	.5	.1	—	—	—	—	—	—	—	—	.5	—	—	—	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	12.6	16.2	14.4	13.4	19.3	16.8	16.1	22.5	20.3	16.1	22.5	20.3	11.5	17.5	13.6	11.5	17.5	13.6

¹Includes all patients in State Schools, irrespective of mental status.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1931, BY NATIVITY AND PARENTAGE.

The average admission age for all groups in the resident population is 14.5 years; 12.6 years for males and 16.4 years for females, (Table 115). The native-born of the resident population were admitted at ages approximately six years younger than the foreign born, or 14.3 years for native-born compared with 20.3 years for foreign born. However, the numbers of foreign born in our State schools are so small that a comparison of the figures based on parentage of the native-born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.6 years; 12.2 years for males and 14.8 years for females. The native-born of native parentage were admitted at an average age of 14.3 years; 12.5 years for males and 16.2 years for females. We noted previously that as a group the native-born were admitted at younger ages than the foreign born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at younger ages than the native-born of native parentage.

AVERAGE AGE AT ADMISSION AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1931.

Table 116 shows an average admission age for all resident population of 14.5 years. The females averaged 3.8 years older than the males, or 16.4 years as compared with 12.6 years. The resident population of the Belchertown State School presented the highest average age at admission, that of 17.8 years. Walter E. Fernald State School was next in order with 13.6 years, and Wrentham State School the lowest, with 13.1 years. The largest sex difference is observed in the Wrentham State School, the females averaging 4.2 years older than the males at admission. The smallest difference is observed in the Belchertown State School, the females averaging 3.1 years older than the males, or 19.1 years for the females compared with 16.0 years for the males.

TABLE 116. — *Average Age at Admission and Average Present Age of All Patients in Residence in State Schools, 1931, by School.*¹

STATE SCHOOLS.	AVERAGE AGE AT ADMISSION.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
Belchertown	16.0	19.1	17.8	21.0	23.6	22.5
Walter E. Fernald	12.1	15.9	13.6	23.7	28.6	25.6
Wrentham	10.6	14.8	13.1	18.2	23.3	21.2
Total	12.6	16.4	14.5	21.4	24.9	23.2

¹Includes all patients in residence, irrespective of mental status.

The average present age of the resident population is 23.2 years: 21.4 years for the males and 24.9 years for the females. In comparing the schools, we notice that there is still more of a spread in the average present ages than there was in the average admission ages. This is due to the fact that different age-at-admission groups have remained different lengths of time within the institution. The highest average present age of resident population is observed in the Fernald State School, 25.6 years, and the lowest at the Wrentham State School, 21.2 years.

MENTAL STATUS OF CASES IN RESIDENCE, 1931.

Table 117 presents material revealing that 18.6 per cent of the resident population of all schools belonged in the idiot group, 36.8 per cent in the imbecile, 41.2 per cent in the moron, and 3.4 per cent in the group not mentally defective.

Walter E. Fernald State School had the largest proportion of idiots, 22.9 per cent, and Belchertown the smallest, 14.6 per cent. Walter E. Fernald also presented the largest percentage of imbeciles, 39.3 per cent, and Belchertown the smallest, 32.0 per cent. Belchertown contained the highest proportion of morons, or 47.8 per cent, and Walter E. Fernald the lowest with 36.1 per cent. Belchertown had the highest proportion of patients not mentally defective with 5.6 per cent, and Walter E. Fernald the lowest with 1.7 per cent.

TABLE 117. — *Percentage Distribution and Mental Status of All Cases in Residence in State Schools on September 30, 1931, by School.*

MENTAL STATUS. ¹	TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	21.6	15.8	18.6	19.0	11.1	14.6	22.8	23.2	22.9	21.6	14.0	17.0
Imbecile	37.5	36.1	36.8	33.5	30.9	32.0	39.9	38.1	39.3	36.8	38.3	37.7
Moron	37.7	44.4	41.2	42.2	52.1	47.8	35.5	37.0	36.1	37.8	44.1	41.6
Not mentally defective	3.2	3.7	3.4	5.3	5.9	5.6	1.8	1.7	1.7	3.8	3.6	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average I. Q. . .	.43	.46	.44	.45	.50	.48	.41	.42	.41	.43	.46	.45

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .49-.74; Not Mentally Defective, I. Q. .75 and over.

INTELLIGENCE QUOTIENT AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1931.

The intelligence quotient distribution of the resident population is shown in Table 118. For the total we observe that 883 patients fell in the I. Q. group .50-.59, 786 in the I. Q. group .40-.49, and 715 patients in the group .60-.69. Important sex differences are observed. With a fairly even number of both sexes in the resident population, we note that the males are in the majority in all I. Q. groups between .10 and .39; 37.0 per cent of resident males and 29.3 per cent of resident females. The females predominate in the I. Q. groups .40-.89; 58.4 per cent of resident males as compared with 65.9 per cent of resident females. In the I. Q. groups .90 or higher, the males again present the largest numbers, although these are too few to warrant consideration.

TABLE 118. — *Intelligence Quotient and Average Present Age of All Patients in Residence in State Schools on September 30 1931.*

INTELLIGENCE QUOTIENT.	NUMBER.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
0-.09	98	101	199	20.3	22.8	21.6
.10-.19	248	163	411	21.0	23.7	22.1
.20-.29	257	229	486	23.5	24.7	24.0
.30-.39	285	277	562	26.0	25.5	25.7
.40-.49	374	412	786	24.2	28.6	26.5
.50-.59	402	481	883	20.1	25.1	22.8
.60-.69	303	412	715	17.4	23.0	20.6
.70-.79	145	162	307	16.5	21.7	19.3
.80-.89	17	35	52	14.5	23.9	20.8
.90 and over	6	5	11	20.8	23.5	22.0
Total	2,135	2,277	4,412	21.4	24.9	23.2

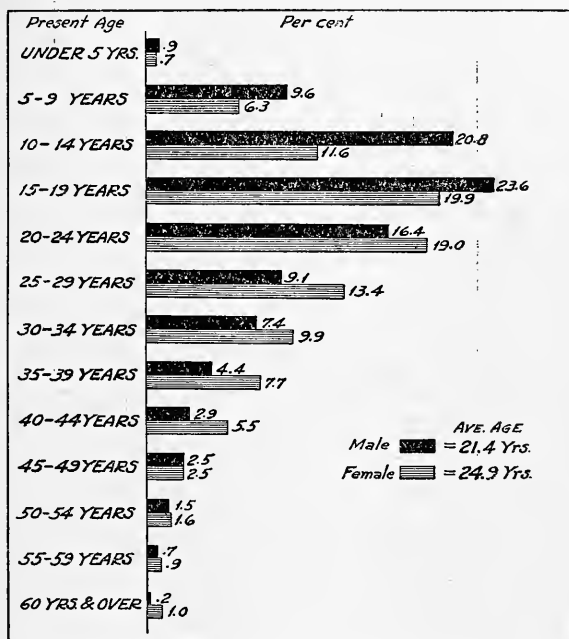
¹Includes all patients in residence, irrespective of mental status.

The average present age of the resident population is 23.2 years. The females average 3.5 years older than the males or 24.9 years as compared with 21.4 years.

The I. Q. group .40-.49 presents the highest present age, that of 26.5 years. The I. Q. group .70-.79 presents the lowest average present age, that of 19.3 years. There is a slight tendency for the lower I. Q. groups to present higher average present ages. There is a gradual rise to the I. Q. group .40-.49, and then a decrease for the higher I. Q. groups. There is also a sex difference which is worthy of mention. The highest average present age for the females is noted in the I. Q. group .40-.49, that of 28.6 years; the lowest is observed in the group .70-.79, that of 21.7 years. Among the males the highest average present age is observed in the group .30-.39, 26.0 years, while the lowest is observed in the group .80-.89, that of 14.5 years. As we consider the average present age of the resident population of all State schools, we note little variation in the females, whatever the mental status. However, in the males we notice a slight tendency for the higher intelligence quotient groups to present lower average ages.

PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1931: PERCENTAGE DISTRIBUTION.

Table 119 and Graph 14 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1931, by sex. The age group presenting the highest number of resident cases is that of 15-19 years, with 958 cases. Next in order is the age group 20-24 years, with 784 cases, and 10-14 year group with 708 cases. We notice that the three groups, 10-14, 15-19, and 20-24 years, have a total of 2,450 cases. We may say then that 55 per cent of the resident population of State schools are between 10 and 24 years of age. The numbers decrease gradually to the oldest age group, there being six in State schools 65 years of age or over. We note that a total of 129 patients in residence are 50 years of age or higher.



GRAPH 14. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS SEPTEMBER 30, 1931, BY SEX.

In considering the sex differences, we note that the males predominate in the younger age groups. In the age groups under 5 years, 5-9 years, 10-14 years and 15-19 years, we observe that there are 1,170 males in residence. For the same age groups there are only 880 females in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups between 20 and 65 years. In these age groups we note that there is a total of 965 males as compared with a total of 1,397 females. These differences are revealed somewhat in the average present age for both sexes, 23.2 years. The females average 3.5 years higher than the males, the average present age for the females being 24.9 years, and for the males 21.4 years.

Walter E. Fernald State School shows the highest average age of resident population with 25.6 years; 23.7 for males and 28.6 for females. Wrentham shows the lowest average, that of 21.2 years; 18.2 years for males and 23.3 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 13.8 per cent under 10 years of age; Belchertown, 7.4 per cent; and Walter E. Fernald State School, 4.7 per cent.

TABLE 119. — *Present Age of Resident Population in State Schools on September 30, 1931, by School, Percentage Distribution.*¹

PRESENT AGE	ALL SCHOOLS.						BELCHERTOWN.					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	20	17	37	9	7	8	6	5	11	1.2	8	9
5-9 years	204	143	347	9.6	6.3	7.9	37	38	75	7.5	5.7	6.5
10-14 years	443	265	708	20.8	11.6	16.0	106	93	199	21.5	13.9	17.2
15-19 years	503	455	958	23.6	19.9	21.7	130	151	281	26.4	22.7	24.3
20-24 years	351	433	784	16.4	19.0	17.8	73	137	210	14.8	20.6	18.2
25-29 years	194	305	499	9.1	13.4	11.3	53	82	135	10.8	12.3	11.7
30-34 years	157	226	383	7.4	9.9	8.7	43	61	104	8.7	9.2	8.9
35-39 years	95	175	270	4.4	7.7	6.1	24	42	66	4.9	6.3	5.7
40-44 years	62	126	188	2.9	5.5	4.3	4	25	29	8	3.8	2.5
45-49 years	54	55	109	2.5	2.5	2.5	6	14	20	1.2	2.1	1.7
50-54 years	32	36	68	1.5	1.6	1.5	5	5	11	1.0	1.9	1.9
55-59 years	15	20	35	.7	.9	.8	1	5	10	1.0	.8	.9
60-64 years	5	15	20	.2	.7	.5	1	4	5	.2	.6	.4
65 years and over	—	6	6	—	.3	.1	—	2	2	—	.3	.2
Total	2,135	2,277	4,412	100.0	100.0	100.0	493	665	1,158	100.0	100.0	100.0
Average Age in Years	21.4	24.9	23.2				21.0	23.6	22.5			

¹Includes all patients in State Schools irrespective of mental status.

TABLE 119. — *Present Age of Resident Population in State Schools on September 30, 1931, by School; Percentage Distribution.* — Concluded.

PRESENT AGE.	WALTER E. FERNALD.						WRENTHAM.					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	1	—	.05	13	12	25	2.1	1.3	1.6
5-9 years	59	20	79	5.8	3.0	4.7	108	85	193	17.3	8.8	12.2
10-14 years	210	70	280	20.6	10.8	16.7	127	102	229	20.3	10.7	14.5
15-19 years	241	118	359	23.8	17.9	21.5	132	186	318	21.1	19.5	20.1
20-24 years	156	108	264	15.3	16.5	15.8	122	188	310	19.5	19.7	19.6
25-29 years	80	71	151	7.9	10.8	9.0	61	152	213	6.8	15.9	13.8
30-34 years	75	64	139	7.4	9.8	8.3	39	101	140	6.2	10.6	8.9
35-39 years	57	65	122	5.6	9.9	7.4	14	68	82	2.2	7.1	5.2
40-44 years	53	59	112	5.2	8.9	6.7	5	42	47	.8	4.4	2.9
45-49 years	45	33	78	4.4	5.1	4.7	3	8	11	.5	.8	.7
50-54 years	26	23	49	2.6	3.5	2.9	1	7	8	.2	.7	.5
55-59 years	10	12	22	.9	1.8	1.3	—	3	3	—	.3	.2
60-64 years	4	9	13	.4	1.4	.8	—	2	2	—	.2	.1
65 years and over	—	4	4	—	.6	.2	—	—	—	—	—	—
Total	1,017	656	1,673	100.0	100.0	100.0	625	956	1,581	100.0	100.0	100.0
Average Age in Years	23.7	28.6	25.6				18.2	23.3	21.2			

¹Includes all patients in State Schools, irrespective of mental status.

LENGTH OF SCHOOL RESIDENCE AND AVERAGE AGE AT ADMISSION OF ALL CASES
IN RESIDENCE, 1931.

In considering the length of time that all cases in residence have spent within the State schools, we note that the largest number, that of 1,434, falls in the group which has remained in residence between five and nine years, (Table 120). The second largest number, 499, is in the 10-14 year group. The smallest number, that of 22, is observed in the patients that have remained 35-39 years. Considering the difference between the sexes, we note that the males are in the majority among those patients remaining in the institution four years or less, 835 males as compared with 808 females. However, among those cases remaining between five years and twenty-four years, we note that the females are in the majority, or 1,385 cases among the females as compared with 1,167 cases among the males. In the groups remaining twenty-five years or more, we observe that the sex trend has again shifted to the males and now the males are in the majority, or 133 cases for the males as compared with 84 cases for the females.

TABLE 120. — *Length of School Residence and Average Age at Admission of All Patients in Residence in State Schools on September 30, 1931.*¹

LENGTH OF SCHOOL RESIDENCE.	NUMBER.			AVERAGE AGE AT ADMISSION.		
	M.	F.	T.	M.	F.	T.
0- 5 months	76	174	250	11.26	14.45	13.48
6-11 months	126	69	195	11.57	14.51	12.61
1 year	159	214	373	11.87	14.71	13.50
2 years	139	114	253	10.91	16.35	13.36
3 years	215	112	327	13.56	16.67	14.63
4 years	120	125	245	12.88	16.85	14.90
5- 9 years	684	750	1,434	13.75	18.35	16.16
10-14 years	212	287	499	11.54	14.25	13.15
15-19 years	161	224	385	11.21	16.50	14.29
20-24 years	110	124	234	12.99	17.17	15.20
25-29 years	59	31	90	12.26	15.08	13.23
30-34 years	39	26	65	14.32	13.84	14.13
35-39 years	14	8	22	13.57	16.25	14.54
40 years and over	21	19	40	9.92	12.50	11.15
Total	2,135	2,277	4,412			
Average	9.07	8.94	9.01	12.6	16.4	14.5

¹Includes all patients in residence, irrespective of mental status.

The second section of this table considers the average age at admission of groups remaining within the institutions for varying lengths of time. The highest average admission age, that of 16.16 years, occurs in the group which has remained between 5 and 9 years within institutions. The lowest average admission age, that of 11.15 years, is observed in the group which has remained in institutions 40 years or more. The average age at admission for all groups was 14.5 years. The females showed a slightly higher average age at admission, 16.4 years, than the males, 12.6 years.

The purpose of this table was to determine whether or not there was an association between the length of hospital stay of patients remaining in State schools and the average age at admission. In conclusion, we may say that it appears that the resident cases remaining for the shortest average time appear to be slightly younger at admission than the cases remaining for longer periods. There is a possibility that this finding may be due to an increasing tendency to admit children at younger ages. This would account for the high average admission age of children admitted to State schools ten or fifteen years previously.

COUNTY OF RESIDENCE OF ALL ADMISSIONS, 1931, AND RESIDENT POPULATION
SEPTEMBER 30, 1931: RATES PER 100,000 STATE POPULATION.

Table 121 and Graph 15 give the county of residence for all admissions during 1931, and also for all cases in residence on September 30, 1931. In the first section of this table we have calculated the number of persons admitted to the State schools in 1931 per 100,000 population of the same county of residence. We note that Franklin and Hampshire Counties show the highest rates with 42 and 24 persons,

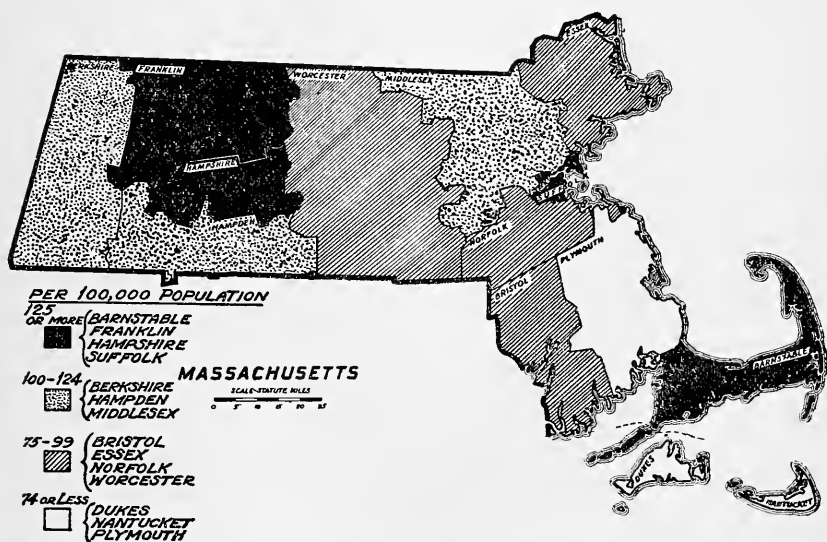
respectively, admitted to State schools during 1931 per 100,000 of the population of these counties. Next in order are Hampden, 21, Berkshire, 17, and Suffolk, 10 persons admitted per 100,000 of the population of these counties. The rate for all counties combined is 10. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the statistical year.

TABLE 121. — *County of Residence of All Admissions, 1931, and Resident Population on September 30, 1931; Rates per 100,000 of State Population.*

COUNTIES.	ALL CASES ADMITTED DURING YEAR. ¹			RATE PER 100,000 POPULATION OF SAME COUNTY.	ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1931. ²			RATE PER 100,000 POPULATION OF SAME COUNTY.
	M.	F.	T.		M.	F.	T.	
Barnstable	2	1	3	9.	15	32	47	145.
Berkshire	11	10	21	17.	61	78	139	115.
Bristol	3	11	14	3.	141	147	288	78.
Dukes	—	—	—	—	1	1	2	40.
Essex	6	13	19	3.	233	225	458	91.
Franklin	8	13	21	42.	44	52	96	193.
Hampden	34	39	73	21.	182	160	342	101.
Hampshire	6	12	18	24.	49	80	129	177.
Middlesex	62	71	133	14.	475	498	973	104.
Nantucket	—	—	—	—	—	1	1	27.
Norfolk	9	8	17	5.	114	119	233	77.
Plymouth	3	5	8	4.	47	74	121	74.
Worcester	19	20	39	7.	233	211	444	90.
Suffolk	48	46	94	10.	529	589	1,118	127.
Non-Residents . .	—	1	1	—	11	10	21	—
Total	211	250	461	10.	2,135	2,277	4,412	103.

¹Does not include transfers.

²Includes all cases in residence, irrespective of mental status.



GRAPH 15. — *Patients Resident in State Schools, 1931; Rates per 100,000 Population of Same County.*

The second section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1931, and also presents the rates per 100,000 of the population of these counties. The counties having the highest proportionate representation in our State schools at the end of the statistical year were

as follows: Franklin, with 193 persons in residence in State schools per 100,000 of the population of that county; Hampshire, 177; Barnstable, 145; Suffolk, 127; and Berkshire, 115. Counties presenting the lowest rates for patients in residence in State schools are: Nantucket, 27; Dukes, 40; and Plymouth, 74. The total for the entire state was 103 persons in residence in State schools per 100,000 of the population of the State on April 1, 1930.

Graph 15 presents the patients resident in State schools on September 30, 1931, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State schools. As has been mentioned previously, Franklin has the largest proportion of population within State schools, and Hampshire and Barnstable counties are in second and third position, respectively. Nantucket County apparently has the lowest relative representation.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 122-171)
- B. Mental Deficiency (Tables 172-189)

Tables 122-189, Inclusive, are computed for the Statistical Year ended September 30, 1931.

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931.*¹

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1930	11,899	11,542	23,441	1,069	1,402	2,471	79	64	143	1,108	1,284	2,392
<i>Cases Admitted during Year:</i>												
Regular Commitment Cases:												
First Admissions	1,632	1,537	3,169	179	250	429	73	69	142	249	224	473
Readmissions	435	394	829	41	40	81	4	1	5	63	61	124
Total Admissions ² .	2,067	1,931	3,998	220	290	510	77	70	147	312	285	597
Temporary Care Cases:												
First Admissions	814	682	1,496	46	35	81	621	585	1,206	78	29	107
Readmissions	204	151	355	12	15	27	138	120	258	28	8	36
Total Admissions	1,018	833	1,851	58	50	108	759	705	1,464	106	37	143
Observation Cases:												
First Admissions	387	156	543	19	5	24	144	50	194	41	22	63
Readmissions	135	70	205	25	10	35	30	18	48	14	10	24
Total Admissions	522	226	748	44	15	59	174	68	242	55	32	87
Voluntary Cases:												
First Admissions	158	98	256	—	—	—	28	17	45	1	—	1
Readmissions	65	46	111	—	—	—	9	7	16	2	1	3
Total Admissions	223	144	367	—	—	—	37	24	61	3	1	4
Total cases admitted by transfer during year	926	798	1,724	14	15	29	—	—	—	12	17	29
Total cases admitted during year	4,750	3,932	8,682	336	370	706	1,047	867	1,914	488	372	860
Total cases under treatment during year	16,655	15,474	32,129	1,405	1,772	3,177	1,126	931	2,057	1,596	1,656	3,252
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
As recovered	188	208	396	18	38	56	—	3	3	2	—	2
As improved*	625	590	1,215	48	56	104	27	24	51	110	120	230
As unimproved*	141	110	251	11	15	26	5	3	8	7	11	18
As not insane	32	18	50	—	5	5	—	—	—	1	—	1
Died	888	758	1,646	141	146	287	6	4	10	127	138	265
Total Discharges ³	1,874	1,684	3,558	218	260	478	38	34	72	247	269	516

Temporary Care Cases:											
As recovered	87	9	96	3	2	5	30	1	31	30	-
As improved*	248	98	346	5	4	9	216	84	300	15	5
As unimproved*	422	545	967	34	30	64	364	487	851	9	13
As not insane	212	164	376	9	8	17	134	131	265	35	17
Died	41	22	63	6	5	11	8	6	14	17	4
Total Discharges	1,010	838	1,848	57	49	106	752	709	1,461	106	39
Observation Cases:											
As recovered	102	32	134	5	4	9	1	-	1	24	6
As improved*	53	26	79	7	-	7	19	11	30	10	7
As unimproved*	54	35	89	6	2	8	41	26	67	-	-
As not insane	293	100	393	23	8	31	110	29	139	24	6
Died	24	27	51	3	2	5	-	-	-	2	7
Total Discharges	526	220	746	44	16	60	171	66	237	60	26
Voluntary Care Cases:											
As recovered	20	16	36	-	-	-	2	-	2	-	-
As improved*	48	27	75	-	-	-	12	6	18	-	1
As unimproved*	38	35	73	-	-	-	5	3	8	-	-
As not insane	46	25	71	-	-	-	19	11	30	3	-
Died	32	25	57	-	-	-	-	-	-	-	-
Total Discharges	184	128	312	-	-	-	38	20	58	3	1
Total Discharges										3	1
											4

*Excluding transfers.

1In this and all following tables for forms of admission included under Regular Commitment, Temporary Care, Observation, and Voluntary admission. See pages 105 and 106 of text.

2Includes 15 male and 10 female first admissions and 11 male and 9 female readmissions on Sane Dangerous 69 at Monson.

3Includes 11 male and 7 female discharges, 6 male and 4 female deaths at Monson on Sane Dangerous 69.

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931. — Continued.*

	ALL HOSPITALS.			BOSTON STATE			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	923	796	1,719	113	109	222	43	41	84	89	90	179
Total cases discharged during year	4,517	3,666	8,183	432	434	866	1,042	870	1,912	505	425	930
Patients on books September 30, 1931:												
Regularly committed cases	11,401	11,279	22,680	956	1,332	2,288	57	41	98	1,077	1,223	2,300
Temporary care cases	29	10	39	1	1	2	17	7	24	1	—	1
Observation cases	219	41	260	16	5	21	5	5	10	13	8	21
Voluntary cases	489	478	967	—	—	—	5	8	13	—	—	—
Total on books	12,138	11,808	23,946	973	1,338	2,311	84	61	145	1,091	1,231	2,322
Total number of patients actually in hospitals September 30, 1931	11,112	10,730	21,842	895	1,232	2,127	41	36	77	978	1,075	2,053
<i>Averages</i>												
Daily average population (including patients on escape, on visit, and in family care)	11,976.52	11,629.24	23,605.76	1,027.77	1,356.10	2,383.87	89.28	69.92	159.20	1,086.6	1,250.3	2,336.9
Daily average population (excluding patients on escape, on visit and in family care)	10,933.58	10,537.65	21,471.23	938.11	1,248.68	2,186.79	44.74	39.12	83.86	952.6	1,082.5	2,035.1
Rated capacity of the hospitals	10,835	9,479	20,314	801	1,096	1,897	67	59	126	793	960	1,753
Patients on visit September 30, 1930	970	983	1,953	83	114	197	38	29	67	143	144	287
Patients on visit September 30, 1931	837	902	1,739	75	91	166	42	25	67	104	141	245
Daily average number of patients on visit during year	853.93	920.85	1,774.78	85.88	94.97	180.85	43.89	30.80	74.69	123.1	151.2	274.3
Patients on escape September 30, 1930	212	27	239	5	—	5	—	—	—	11	2	13
Patients on escape September 30, 1931	170	25	195	3	—	3	1	—	1	9	2	11
Daily average number of patients on escape during year	171.97	25.81	197.78	3.78	—	3.78	.65	—	.65	10.9	1.8	12.7
Patients boarded out September 30, 1930	23	132	155	—	9	9	—	—	—	—	14	14
Patients boarded out September 30, 1931	19	151	170	—	15	15	—	—	—	—	13	13

Daily average number of patients boarded out during year . . .	18.13	144.66	162.79	-	12.45	12.45	-	-	-	14.8	-	14.8
Ex-service men on books September 30, 1930 . . .	1,517	5	1,522	27	2	29	14	-	14	-	67	67
Ex-service men on books September 30, 1931 . . .	1,664	10	1,674	18	2	20	8	-	8	1	61	61
Daily average number on books during year . . .	1,606.14	8.06	1,614.20	23.40	2.00	25.40	10.08	-	10.08	1	55.2	56.2
Daily average number actually in hospitals during year . . .	1,463.91	8.06	1,471.97	22.94	2.00	24.94	6.00	-	6.00	1	49.	50.
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State . . .	9,120	9,016	18,136	815	1,059	1,874	41	36	77	859	1,674	1,674
Reimbursing . . .	808	1,714	2,522	80	173	253	-	-	-	119	379	379
Ex-service patients for whom pay is received from the Federal Government . . .	1,312	6	1,318	-	1	1	-	-	-	3	3	3
Non-insane patients actually in hospitals on September 30, 1930:												
Mentally defective . . .	135	109	244	5	8	13	2	2	4	1	-	1
Epileptic . . .	334	310	644	-	-	-	-	-	-	-	-	-
Others . . .	223	147	370	35	17	52	5	13	18	35	69	69
Total . . .	692	566	1,258	40	25	65	7	15	22	36	34	70
Non-insane patients actually in hospitals on September 30, 1931:												
Mentally defective . . .	111	75	186	3	7	10	2	1	3	-	2	2
Epileptic . . .	388	348	736	-	-	-	-	-	-	-	-	-
Others . . .	115	42	157	8	5	13	13	11	24	13	7	20
Total . . .	614	465	1,079	11	12	23	15	14	29	13	9	22

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931.* — Continued.

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.			METROPOLITAN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1930	558	601	1,159	738	576	1,314	711	895	1,606	796	1,116	1,962	—	—	—
<i>Cases Admitted during Year</i>															
Regular Commitment Cases:															
First Admissions	76	67	143	33	40	73	28	28	56	61	63	124	—	—	—
Readmissions	15	22	37	7	9	16	5	3	8	12	20	32	—	—	—
Total Admissions	91	89	180	40	49	89	33	31	64	73	83	156	—	—	—
Temporary Care Cases:															
First Admissions	3	3	6	6	3	9	—	—	—	4	3	7	—	—	—
Readmissions	—	—	—	4	1	5	—	—	—	3	1	4	—	—	—
Total Admissions	3	3	6	10	4	14	—	—	—	7	4	11	—	—	—
Observation Cases:															
First Admissions	15	6	21	2	1	3	—	—	—	5	—	5	—	—	—
Readmissions	6	5	11	—	—	—	—	3	3	5	4	9	—	—	—
Total Admissions	21	11	32	2	1	3	—	3	3	10	4	14	—	—	—
Voluntary Cases:															
First Admissions	—	—	—	5	7	12	—	—	—	2	1	3	—	—	—
Readmissions	1	2	3	1	1	2	—	—	—	1	—	1	—	—	—
Total Admissions	1	2	3	6	8	14	—	—	—	3	1	4	—	—	—
Total cases admitted by transfer during year	7	13	20	44	35	79	18	8	26	55	47	102	576	607	1,183
Total cases admitted during year	123	118	241	102	97	199	51	42	93	148	139	287	576	607	1,183
Total cases under treatment during year	681	719	1,400	840	673	1,513	762	937	1,699	944	1,305	2,249	576	607	1,183
<i>Cases Discharged during Year</i>															
Regular Commitment Cases:															
As recovered	13	8	21	3	2	5	5	3	8	10	16	26	—	—	—
As improved	44	31	75	7	11	18	11	6	17	22	45	67	1	—	1
As unimproved	11	3	14	4	3	7	1	—	1	6	—	12	3	—	3
As not insane	2	—	—	2	1	3	—	3	3	2	—	2	—	—	—
Died	36	40	76	25	31	56	18	26	44	40	52	92	1	1	2
Total Discharges	106	82	188	41	48	89	35	38	73	80	119	199	5	1	6

Temporary Care Cases:											
As recovered	1	-	1	2	-	2	-	-	-	1	2
As improved	-	1	1	2	-	2	-	-	-	-	-
As unimproved	-	1	1	1	4	1	-	-	-	-	1
As not insane	2	2	4	5	1	6	-	-	-	6	7
Died	-	-	-	-	-	-	-	-	-	-	-
Total Discharges	3	3	6	10	5	15	-	-	-	7	10
Observation Cases:											
As recovered	13	1	14	-	-	-	-	-	-	3	1
As improved	1	3	4	1	-	1	-	-	-	2	4
As unimproved	-	1	1	1	1	1	-	-	-	-	2
As not insane	5	5	10	1	1	1	-	4	4	5	9
Died	-	1	1	-	-	-	-	-	-	-	-
Total Discharges	19	11	30	2	1	3	-	4	4	10	15
Voluntary Care Cases:											
As recovered	-	1	1	-	1	1	-	-	-	-	-
As improved	-	-	-	1	4	5	-	-	-	1	1
As unimproved	-	-	-	-	2	2	-	-	-	-	-
As not insane	-	1	1	3	2	5	-	-	-	2	2
Died	-	-	-	-	1	1	-	-	-	-	-
Total Discharges	-	2	2	4	10	14	-	-	-	3	3

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931. — Continued.*

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.			METROPOLITAN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	30	9	39	4	13	17	106	109	215	27	99	126	12	12	24
Total cases discharged during year	158	107	265	61	77	138	141	151	292	127	226	353	17	13	30
Patients on books September 30, 1931:															
Regularly committed cases	517	610	1,127	776	595	1,371	621	786	1,407	814	1,077	1,891	559	594	1,153
Temporary care cases	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Observation cases	4	1	5	—	—	—	—	—	—	2	—	2	—	—	—
Voluntary cases	2	1	3	3	1	4	—	—	—	1	1	2	—	—	—
Total on books	523	612	1,135	779	596	1,375	621	786	1,407	817	1,079	1,896	559	594	1,153
Total number of patients actually in hospitals September 30, 1931.	468	577	1,045	733	497	1,230	612	768	1,380	780	1,004	1,784	546	586	1,132
<i>Averages</i>															
Daily average population (including patients on escape, on visit, and in family care)	530.71	607.54	1,138.25	748.92	587.79	1,336.71	632.20	830.29	1,462.49	786.52	1,115.77	1,902.29	406.6	358.3	764.9
Daily average population (excluding patients on escape, on visit, and in family care)	465.71	566.13	1,031.84	708.96	496.82	1,205.78	623.14	813.94	1,437.08	748.47	1,036.75	1,785.22	397.1	354.9	752.0
Rated capacity of the hospitals	468	442	910	674	444	1,118	591	561	1,152	637	907	1,544	624	624	1,248
Patients on visit Sept. 30, 1930	43	52	95	16	27	43	26	5	31	38	56	94	7	—	—
Patients on visit Sept. 30, 1931	37	34	71	24	34	58	6	9	15	23	53	76	7	8	15
Daily average number of patients on visit during year	39.08	40.33	79.41	18.44	31.43	49.87	5.99	7.19	13.18	23.32	58.10	81.42	6.8	3.3	10.1
Patients on escape Sept. 30, 1930	40	2	42	15	—	15	4	—	4	15	12	27	—	—	—
Patients on escape Sept. 30, 1931	18	1	19	17	1	18	1	—	1	14	14	28	6	—	6
Daily average number of patients on escape during year	25.91	1.08	26.99	16.07	.39	16.46	1.65	.05	1.70	14.72	12.44	27.16	2.4	.09	2.49
Patients boarded out Sept. 30, 1930	—	—	—	9	57	66	1	6	7	—	8	8	—	—	—
Patients boarded out Sept. 30, 1931	—	—	—	5	64	69	2	9	11	—	8	8	—	—	—
Daily average number of patients boarded out during year	—	—	—	5.43	59.13	64.56	1.41	9.10	10.51	—	8.48	8.48	—	—	—

Ex-service men on books Sept. 30, 1930	25	-	25	10	-	10	5	-	5	15	-	15	-	-	-
Ex-service men on books Sept. 30, 1931	25	1	26	13	-	13	4	-	4	13	-	13	18	-	18
Daily average number on books during year	31.08	.08	31.16	12.41	-	12.41	4.38	-	4.38	14	-	14	19.1	-	19.1
Daily average number actually in hospitals during year	26.08	.08	26.16	10.75	-	10.75	4.13	-	4.13	14	-	14	17.5	-	17.5
Support of patient population (exclusive of patients on escape and on visit):															
Supported by the State	426	469	895	706	442	1,148	590	739	1,329	752	939	1,691	505	508	1,013
Reimbursing	42	108	150	27	55	82	22	29	51	28	65	93	41	78	119
Ex-service patients for whom pay is received from the Federal Government	1	1	2	-	-	-	1	-	1	-	-	-	-	-	-
Non-insane patients actually in hospitals on September 30, 1930:															
Mentally defective	12	8	20	41	27	68	5	4	9	1	1	2	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	12	8	20	5	3	8	2	2	4	2	7	9	-	-	-
Total	24	16	40	46	30	76	7	6	13	3	8	11	-	-	-
Non-insane patients actually in hospitals on September 30, 1931:															
Mentally defective	13	7	20	33	21	54	1	-	1	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	2	-	2	5	3	8	-	1	1	1	2	3	-	-	-
Total	15	7	22	38	24	62	1	1	2	1	2	3	-	-	-

TABLE 122. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931. — Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.			MONSON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year . . .	35	20	55	40	41	81	123	119	242	146	119	265	1	—	1
Total cases discharged during year . . .	234	192	426	297	275	572	321	314	635	601	403	1,004	105	69	174
Patients on books Sept. 30, 1931:															
Regularly committed cases	789	985	1,774	823	886	1,709	639	933	1,572	1,186	1,265	2,451	285	295	580
Temporary care cases . .	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—
Observation cases . . .	7	9	16	5	4	9	2	4	4	8	5	13	—	—	—
Voluntary cases . . .	2	—	2	4	1	5	4	4	8	5	2	7	437	452	889
Total on books . . .	798	994	1,792	833	891	1,724	645	940	1,585	1,199	1,272	2,471	722	747	1,469
Total number of patients actually in hospitals September 30, 1931 . .	734	873	1,607	747	774	1,521	547	805	1,352	1,033	1,133	2,166	630	710	1,340
Averages															
Daily average population (including patients on escape, on visit, and in family care) . . .	771.4	963.2	1,734.6	817.58	874.45	1,692.03	660.34	950.52	1,610.86	1,239.18	1,284.19	2,523.37	671.72	709.51	1,381.23
Daily average population (excluding patients on escape, on visit, and in family care) . . .	700.5	846.1	1,546.6	733.99	757.99	1,491.98	551.48	809.55	1,361.03	1,055.68	1,139.49	2,195.17	625.02	682.30	1,307.32
Rated capacity of the hospitals . . .	877	942	1,819	609	615	1,224	565	667	1,232	1,126	1,022	2,148	629	502	1,131
Patients on visit Sept. 30, 1930. . .	64	110	174	82	117	199	111	134	245	173	141	314	63	50	113
Patients on visit Sept. 30, 1931. . .	47	116	163	83	112	195	84	120	204	123	115	238	79	37	116
Daily average number of patients on visit during year . . .	54.0	111.8	165.8	80.66	111.90	192.56	91.08	123.74	214.82	136.	121.	257.	45.11	27.18	72.29
Patients on escape Sept. 30, 1930. . .	13	—	13	4	—	4	6	2	8	65	7	72	11	1	12

Patients on escape Sept. 30, 1931.	17	-	17	3	-	3	4	1	5	41	6	47	13	-	13
Daily average number of patients on escape during year	16.1	-	16.1	2.92	-	2.92	6.98	1.86	8.84	47.	8.	55.	1.59	.03	1.62
Patients boarded out Sept. 30, 1930.	-	6	6	-	4	4	12	14	26	1	14	15	-	-	-
Patients boarded out Sept. 30, 1931.	-	5	5	-	5	5	10	14	24	2	18	20	-	-	-
Daily average number of patients boarded out during year	-	5.1	5.1	-	4.54	4.54	10.79	15.36	26.15	.5	15.7	16.2	-	-	-
Ex-service men on books September 30, 1930 .	27	-	27	29	-	29	33	2	35	47	-	47	12	-	12
Ex-service men on books September 30, 1931 .	16	-	16	34	-	34	24	4	28	52	-	52	12	-	12
Daily average number on books during year .	18.1	-	18.1	30.24	-	30.24	29.33	3.66	32.99	50	-	50	12	-	12
Daily average number actually in hospitals during year.	15.9	-	15.9	26.79	-	26.79	26.25	3.66	29.91	47	-	47	11.29	-	11.29
Support of patient population (exclusive of patients on escape and on visit):															
Supported by the State.	643	657	1,300	686	657	1,343	456	534	990	944	986	1,930	603	658	1,261
Reimbursing for Ex-service patients for whom pay is received from the Federal Government	91	216	307	61	117	178	91	271	362	89	147	236	27	52	79
Non-insane patients actually in hospitals on Sept. 30, 1930:	1	-	1	2	-	2	2	4	6	1	-	1	1	-	1
Mentally defective	20	22	42	-	1	1	-	1	1	6	11	17	-	-	-
Epileptic	1	-	1	-	-	-	-	-	-	-	-	-	331	310	641
Others	11	12	23	12	7	19	13	11	24	25	26	51	2	2	4
Total	32	34	66	12	8	20	13	12	25	31	37	68	333	312	645
Non-insane patients actually in hospitals on Sept. 30, 1931:															
Mentally defective	25	23	48	-	1	1	-	2	2	1	1	2	-	-	-
Epileptic	4	-	-	-	2	-	-	7	-	-	-	-	386	346	732
Others	-	-	4	4	-	6	6	9	13	7	2	9	1	-	1
Total	29	23	52	4	3	7	6	9	15	8	3	11	387	346	733

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931. — Continued.*

	McLEAN.			BRIDGEWATER.			TEWKSBURY.			U. S. VETERANS' No. 107.			U. S. VETERANS' No. 95.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1930	89	121	210	947	—	947	256	558	814	552	—	552	590	—	590
<i>Cases Admitted during Year</i>															
Regular Commitment Cases:															
First Admissions	34	37	71	46	—	46	23	10	33	33	—	33	31	—	31
Readmissions	10	9	19	9	—	9	6	3	9	41	—	41	23	—	23
Total Admissions	44	46	90	55	—	55	29	13	42	74	—	74	54	—	54
Temporary Care Cases:															
First Admissions	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	1	1	—	—	—	—	—	—	5	—	5	1	—	1
Total Admissions	6	4	10	—	—	—	—	—	—	5	—	5	1	—	1
Observation Cases:															
First Admissions	4	2	6	12	—	12	—	—	—	—	—	—	—	—	—
Readmissions	2	1	3	10	—	10	—	—	—	1	—	1	1	—	1
Total Admissions	6	3	9	22	—	22	—	—	—	1	—	1	1	—	1
Voluntary Cases:															
First Admissions	14	10	24	—	—	—	—	—	—	9	—	9	10	—	10
Readmissions	16	13	29	—	—	—	—	—	—	9	—	9	6	—	6
Total Admissions	30	23	53	—	—	—	—	—	—	18	—	18	16	—	16
Total cases admitted by transfer during year	3	7	10	5	—	5	1	2	3	128	—	128	37	—	37
Total cases admitted during year	89	83	172	82	—	82	30	15	45	226	—	226	109	—	109
Total cases under treatment during year	178	204	382	1,029	—	1,029	286	573	859	778	—	778	699	—	699
<i>Cases Discharged during Year</i>															
Regular Commitment Cases:															
As recovered	9	6	15	10	—	10	—	—	—	4	—	4	1	—	1
As improved	14	10	24	4	—	4	3	3	6	31	—	31	17	—	17
As unimproved	3	6	9	6	—	6	3	1	4	5	—	5	14	—	14

As not insane	3	1	4	6	6	1	1	1	1	5	5
Died	11	8	19	31	31	24	27	51	10	16	16
Total Discharges	40	31	71	57	57	30	32	62	51	53	53
Temporary Care Cases:											
As recovered	2	1	3	-	-	-	-	-	2	1	1
As improved	4	2	6	-	-	-	-	-	-	-	-
As unimproved	-	-	-	-	-	-	-	-	2	-	-
As not insane	-	1	1	-	-	-	-	-	1	-	-
Died	-	-	-	-	-	-	-	-	-	-	-
Total Discharges	6	4	10	-	-	-	-	-	5	1	1
Observation Cases:											
As recovered	1	-	1	3	3	-	-	-	-	1	1
As improved	-	-	-	1	1	-	-	-	-	-	-
As unimproved	5	-	5	11	11	-	-	-	1	-	-
As not insane	-	1	1	5	5	-	-	-	-	-	-
Died	-	-	-	-	-	-	-	-	-	-	-
Total Discharges	6	1	7	20	20	-	-	-	1	1	1
Voluntary Care Cases:											
As recovered	14	10	24	-	-	-	-	-	1	-	-
As improved	12	12	24	-	-	-	-	-	2	5	5
As unimproved	2	2	4	-	-	-	-	-	1	3	3
As not insane	3	2	5	-	-	-	-	-	4	2	2
Died	1	1	2	-	-	-	-	-	1	-	-
Total Discharges	32	27	59	-	-	-	-	-	9	10	10

TABLE 122. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1931. — Concluded.*

	McLEAN.			BRIDGEWATER.			TEWKSBURY.			U. S. VETERANS' No. 107.			U. S. VETERANS' No. 95.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	5	11	16	6	—	6	93	4	97	3	—	3	47	—	47
Total cases discharged during year	89	74	163	83	—	83	123	36	159	69	—	69	112	—	112
Patients on books September 30, 1931:															
Regularly committed cases	79	120	199	789	—	789	163	537	700	693	—	693	578	—	578
Temporary care cases	—	—	—	—	—	—	—	—	—	—	—	—	9	—	9
Observation cases	—	2	2	157	—	157	—	—	—	—	—	—	—	—	—
Voluntary cases	10	8	18	—	—	—	—	—	—	16	—	16	—	—	—
Total on books	89	130	219	946	—	946	163	537	700	709	—	709	587	—	587
Total number of patients actually in hospitals September 30, 1931.	86	126	212	938	—	938	160	534	694	632	—	632	552	—	552
<i>Averages</i>															
Daily average population (including patients on escape, on visit, and in family care)	91.27	123.36	214.63	940.7	—	940.7	247.9	548.	795.9	645.83	—	645.83	582	—	582
Daily average population (excluding patients on escape, on visit, and in family care)	87.58	121.55	209.13	938	—	938	244.5	541.83	786.33	573	—	573	545	—	545
Rated capacity of the hospitals	90	142	232	908	—	908	177	496	673	644	—	644	555	—	555
Patients on visit September 30, 1930	3	1	4	2	—	2	—	3	3	53	—	53	32	—	32
Patients on visit September 30, 1931	3	4	7	5	—	5	—	3	3	67	—	67	28	—	28
Daily average number of patients on visit during year	3.68	1.81	5.49	3	—	3	.4	6.1	6.5	63.5	—	63.5	30	—	30
Patients on escape September 30, 1930	—	—	—	3	—	3	3	1	4	11	—	11	6	—	6
Patients on escape September 30, 1931	—	—	—	3	—	3	3	—	3	10	—	10	7	—	7
Daily average number of patients on escape during year	—	—	—	2	—	2	3.	.07	3.07	9.3	—	9.3	7	—	7

[illegible]

TABLE 123. — *Deportation of Insane, Mentally Defective and Epileptic from Public Institutions for the Year ended September 30, 1931.*¹

	DEPARTMENT.			U. S. COMMISSION OF IMMIGRATION.			TOTALS.			TOTALS.			De- creases
	M.	F.	T.	M.	F.	T.	M.	F.	T.	1930	1931	In- creases	
Cases pending November 30, 1930	36	16	52	25	21	46	61	37	98	87	98	11	—
Since reported	68	67	135	14	15	29	82	82	164	215	164	—	51
Total cases under consideration	104	83	187	39	36	75	143	119	262	302	262	—	40
Deported	57	55	112	15	12	27	72	67	139	172	139	—	33
Viz.: Other states	53	54	107	—	—	—	53	54	107	106	107	1	—
Other countries	4	1	5	14	12	26	18	13	31	62	31	—	31
Special cases not landed under Immigration laws and deported	—	—	—	1	—	1	1	—	1	4	1	—	3
Discharged	8	2	10	1	3	4	9	5	14	9	14	5	—
Viz.: Care of friends	4	2	6	1	3	4	5	5	10	3	10	7	—
Escaped	1	—	1	—	—	—	1	—	1	—	1	1	—
Transferred to Veterans Hospitals	2	—	2	—	—	—	2	—	2	6	2	—	4
Returned to court (section 100)	1	—	1	—	—	—	1	—	1	—	1	1	—
Died	3	4	7	—	—	—	3	4	7	3	7	4	—
Dropped from further consideration	12	4	16	2	7	9	14	11	25	20	25	5	—
Viz.: Rejected by Commissioner of Immigration	—	—	—	2	5	7	2	5	7	6	7	1	—
Rejected by the Department	12	4	16	—	2	2	12	6	18	14	18	4	—
Total cases closed	80	65	145	18	22	40	98	87	185	204	185	—	19
Cases pending November 30, 1931	24	18	42	21	14	35	45	32	77	98	77	—	21
Viz.: Not in condition to deport	4	3	7	—	—	—	4	3	7	7	7	—	—
Awaiting action	19	12	31	18	13	31	37	25	62	79	62	—	17
On visit	—	3	3	3	1	1	4	4	4	7	4	—	3
On escape	1	—	1	—	—	—	—	—	—	5	4	—	1

¹Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

TABLE 124. — *Small Private Hospitals and Schools; Number under Care.*¹

	TOTALS.			INSANE.			SAFE VOLUNTARY.			INEBRIATE.			FEEBLE-MINDED.			TEMPORARY CARE.			NON-MENTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	P.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bournewood, George H. Torney, M. D.	3	10	13	3	9	12	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Channing Sanitarium, Inc., Donald Gregg, M. D.	8	23	31	2	14	16	6	7	13	—	—	—	—	—	—	—	1	1	—	1	—
Herbert Hall Hospital, Walter C. Haviland, M. D.	—	—	8	—	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wiswall Sanatorium, Inc., Harry O. Spalding, M. D.	5	19	24	5	19	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. Reeves' Nervine, Fred B. Jewett, M. D.	1	6	7	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M. D.	16	25	41	9	21	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glen-side, Mabel D. Ordway, M. D.	3	49	52	1	25	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Westwood Lodge, Wm. J. Hammond, M. D.	8	13	21	7	11	18	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Private Hospital, Frederick L. Taylor, M. D.	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Washingtonian Home, Hugh Barr Gray, M. D.	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M. D.	20	8	28	—	—	—	—	—	—	—	—	20	8	28	—	—	—	—	—	—	—
Standish Manor, Miss Alice M. Myers	—	9	9	—	—	—	—	—	—	—	—	—	9	9	—	—	—	—	—	—	—
Perkins School of Adjustment, Franklin H. Perkins, M. D.	14	20	34	—	—	—	—	—	—	—	—	14	20	34	—	—	—	—	—	—	—
Woodlawn Sanitarium, Ewan A. Robertson, M. D.	1	6	7	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—
The Freer School, Miss Cora E. Morse	—	7	6	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—	—
Clarke School, Miss Edith G. Clarke	—	7	6	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—	—
Gleam School, Mrs. Bernice G. McPhee	3	1	4	—	—	—	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—
Totals	104	209	313	28	112	140	7	12	19	15	—	15	—	15	—	2	2	—	10	33	43

¹Not including McLean Hospital. Information for McLean may be found in Text Table I.

TABLE 125. — *Country of Birth and Parentage of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Sex.*¹

NATIVITY	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	Fathers.	Mothers.	Both Parents	Fathers.	Mothers.	Both Parents
Australia	2	—	2	—	—	—	—	—	—
Austria	5	10	15	10	10	9	13	14	13
Belgium	1	4	5	1	1	1	4	4	4
Canada ²	135	146	281	217	215	180	204	214	166
Central America	—	—	—	2	2	2	—	—	—
China	3	1	4	4	4	4	1	1	1
Czecho-Slovakia	—	—	—	—	—	—	—	—	—
Cuba	—	2	2	—	—	—	—	2	1
Denmark	—	4	6	—	2	—	—	4	2
England	46	52	98	37	66	49	88	73	53
Finland	—	16	16	13	13	12	12	13	12
France	6	8	14	6	7	4	9	8	5
Germany	13	11	24	35	31	29	39	30	26
Greece	13	4	17	16	16	16	4	4	4
Holland	—	—	—	1	—	—	1	—	—
Hungary	—	2	2	1	—	—	2	—	2
India	1	1	2	—	—	1	—	—	—
Ireland	120	151	271	316	313	280	309	307	265
Italy	58	48	106	98	95	95	68	69	67
Norway	6	4	10	5	5	3	6	4	3
Philippine Islands	—	—	—	—	—	—	2	—	—
Poland	42	30	72	57	60	56	35	37	34
Porto Rico	2	—	2	—	—	—	—	—	—
Portugal	31	20	51	43	42	42	31	29	29
Rumania	—	—	—	—	—	—	1	—	1
Russia	36	29	65	62	59	56	42	39	39
Scotland	17	13	30	17	25	13	22	19	16
Spain	1	1	2	1	1	1	2	1	1
South America	3	—	3	—	—	—	—	—	—
Sweden	21	18	39	39	42	38	33	35	30
Switzerland	—	2	2	1	—	—	2	—	2
Turkey in Asia	2	—	2	2	—	2	—	—	—
Turkey in Europe	4	1	5	5	5	5	1	1	1
United States	998	931	1,929	480	479	410	488	498	404
Wales	—	—	—	—	2	2	—	—	—
West Indies ³	3	5	8	6	6	6	—	—	—
Other countries ⁴	29	17	46	33	35	33	24	27	24
Unknown	8	9	17	75	76	66	78	85	61
Total	1,617	1,527	3,144	1,617	1,617	1,417	1,527	1,527	1,270

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.
²Includes Newfoundland.
³Except Cuba and Porto Rico.
⁴Includes Europe and Asia not specified; also born at sea.

TABLE 127. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born, and Sex.*

AGE GROUPS.	AGGREGATE.			NATIVE BORN.			PARENTAGE.											
	TOTAL.			NATIVE.			FOREIGN.			MIXED.			UNKNOWN.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M. F. T.				
Under 15 years	42	24	66	41	24	65	15	10	25	9	8	17	14	5	19	3	1	4
15-19 years	133	132	265	125	121	246	41	43	84	59	36	95	25	35	60	—	7	7
20-24 years	134	102	236	119	86	205	38	31	69	49	33	82	31	20	51	1	2	3
25-29 years	149	111	260	119	84	203	42	31	73	50	31	81	25	18	43	2	4	6
30-34 years	188	114	302	144	70	214	45	28	73	62	27	89	34	11	45	3	4	7
35-39 years	227	132	359	151	78	229	59	36	95	47	20	67	42	21	63	3	1	4
40-44 years	177	116	293	84	60	144	32	31	63	29	12	41	20	17	37	3	3	3
45-49 years	141	92	233	65	45	110	23	19	42	24	10	34	18	13	31	—	4	4
50-54 years	120	78	198	50	37	87	18	22	40	16	8	24	12	7	19	4	4	4
55-59 years	91	65	156	39	34	73	18	17	35	13	9	22	7	5	12	1	3	4
60-64 years	69	37	106	36	19	55	14	10	24	13	7	20	7	1	8	2	1	3
65-69 years	34	14	48	17	9	26	8	6	14	5	1	6	3	2	5	1	2	3
70-74 years	21	20	41	8	12	20	4	6	10	1	1	2	2	2	4	—	—	—
75-79 years	7	10	17	5	3	12	2	3	5	3	—	3	—	4	—	—	—	—
80-84 years	5	9	14	3	5	8	2	4	6	—	—	—	—	—	—	—	—	—
85-89 years	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
90 years and over	—	3	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,540	1,059	2,599	1,007	692	1,699	361	297	658	381	203	584	241	164	405	24	28	52

TABLE 128. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	2	15	-	-	-	-	-	-	-	-	-	-	-	-
Senile	83	180	263	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	334	275	609	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	161	42	203	-	1	1	1	1	2	-	1	1	2	1	3
With cerebral syphilis	18	4	22	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	32	23	55	2	-	2	1	3	4	5	1	6	2	2	4
With other brain or nervous diseases	173	25	198	-	-	-	1	-	1	5	-	5	6	1	6
Alcoholic	8	10	18	-	-	-	-	-	-	-	-	-	1	-	1
Due to drugs and other exogenous toxins	2	4	6	-	-	-	-	-	-	-	-	-	-	-	1
With pellagra	36	79	115	-	1	1	-	2	2	1	6	7	16	6	29
With other somatic diseases	168	217	385	-	-	-	9	19	28	20	23	43	16	13	29
Manic-depressive	29	65	94	-	-	-	-	-	-	-	-	-	-	-	-
Involution melancholia	359	358	717	1	1	2	41	24	65	71	55	126	65	53	118
Dementia praecox	27	59	86	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia or paranoid conditions	17	23	40	1	1	2	1	5	6	3	3	6	1	1	3
Epileptic psychoses	10	18	28	-	-	-	-	3	3	2	3	5	2	3	5
Psychoneuroses and neuroses	14	15	29	1	1	2	4	3	7	2	2	4	1	1	1
With psychopathic personality	67	84	151	-	5	5	12	8	20	10	13	23	7	9	16
With mental deficiency	23	25	48	-	1	1	2	-	2	2	3	5	1	3	4
Undiagnosed psychoses	42	19	61	2	2	4	9	5	14	2	1	3	2	1	3
Without psychoses	1,617	1,527	3,144	7	13	20	81	73	154	124	113	237	105	97	202
Total	1,617	1,527	3,144	7	13	20	81	73	154	124	113	237	105	97	202

TABLE 123. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.* — Continued.

	30-34 YEARS.			35-39 YEARS.			40-44 YEARS.			45-49 YEARS.			50-54 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	4	-	4	-	-	-	1	-	1	1	2	3	-	-	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	4	9	13	10	12	22
General paralysis	18	5	23	23	6	29	28	3	31	30	12	42	21	5	26
With cerebral syphilis	1	-	1	1	1	2	-	-	-	4	-	4	2	1	3
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	1	1	-	-	-	-	-	-	1	-	1
With other brain or nervous diseases	-	1	1	1	1	3	4	3	7	4	2	6	5	4	9
Alcoholic	17	3	20	30	4	34	34	2	37	1	2	33	15	5	20
Due to drugs and other exogenous toxins	1	1	2	1	1	2	2	2	4	1	2	3	3	3	6
With pellagra	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With other somatic diseases	4	4	8	2	11	13	3	7	10	2	4	6	5	9	14
Manic-depressive	19	30	49	20	32	52	17	32	49	21	23	44	13	20	33
Involution melancholia	-	-	-	1	4	5	1	5	6	2	14	16	8	21	29
Dementia praecox	68	53	121	50	57	107	28	49	77	14	29	43	12	15	27
Paranoia or paranoid conditions	3	7	10	2	3	5	2	6	8	7	6	13	6	12	18
Epileptic psychoses	2	1	2	1	2	3	2	2	4	4	1	6	2	3	5
Psychoneuroses and neuroses	3	1	4	2	4	6	1	3	4	-	1	1	1	2	2
With psychopathic personality	3	1	4	2	4	6	1	0	1	-	6	11	1	5	11
With mental deficiency	7	10	17	9	12	21	7	4	16	5	3	2	6	1	3
Undiagnosed psychoses	3	3	6	1	3	4	2	2	4	3	2	5	2	1	3
Without psychoses	8	1	9	7	1	8	5	2	7	1	2	3	2	1	3
Total	161	120	281	153	146	299	137	130	267	130	122	252	116	123	239

TABLE 128. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex. — Concluded.*

PSYCHOSES.	55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	9	3	—	3	3	—	3	1	—	—	—	—	—	—	—	—
Senile	34	16	50	9	10	19	12	29	41	17	36	53	22	37	59	19	59	78
With cerebral arteriosclerosis	18	4	22	53	36	89	56	45	101	86	66	152	54	47	101	37	44	81
General paralysis	3	—	—	13	2	15	3	1	4	3	—	3	1	—	1	—	—	—
With cerebral syphilis	—	—	—	3	1	4	2	—	2	1	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	1	3	4	—	4	2	2	4	—	1	1	—	1	1	—	—	—
With other diseases	16	2	18	10	—	10	7	1	8	5	—	5	—	1	1	—	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	5	11	16	6	10	16	4	4	8	3	1	4	—	1	1	1	2	3
Manic-depressive	10	15	25	12	5	17	9	1	10	2	2	4	—	—	—	—	—	—
Involution melancholia	10	14	24	4	6	10	2	1	3	1	—	—	—	—	—	—	—	—
Dementia praecox	5	14	19	2	6	8	1	1	2	2	—	—	—	—	—	1	1	2
Paranoia or paranoid conditions	3	15	18	2	5	7	—	3	3	1	—	—	—	—	—	—	—	—
Epileptic psychoses	—	1	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	3	4	7	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—
With mental deficiency	3	2	5	1	1	2	—	1	1	1	1	2	—	1	1	1	—	1
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	1	1	2	1	1	2	2	—	2	—	—	—	1	1	1	—	—	—
Total	117	109	226	124	86	210	104	92	196	121	109	230	78	88	166	59	106	165

TABLE 130. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Hospital and Sex.

HOSPITALS.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.									
	M.	F.	M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.									
Boston State	179	250	429	2	2	8	10	18	11	10	21	9	11	20	11	13	24	7	19	26	9	21	30	
Boston Psychopathic	73	69	142	2	2	8	10	18	8	10	18	5	10	15	11	10	21	7	7	14	9	5	14	
Danvers	249	224	473	—	—	12	11	23	25	18	43	20	22	42	21	14	35	19	14	33	17	16	33	
Foxborough	76	67	143	—	1	3	7	10	6	7	13	5	4	9	9	4	13	5	5	10	4	3	7	
Gardner	33	40	73	—	—	2	—	—	3	2	5	2	1	3	3	1	4	2	5	7	2	6	8	
Grafton	28	28	56	—	—	2	1	3	3	4	7	3	5	8	5	2	7	4	4	8	3	3	6	
Medford	61	63	124	2	1	3	2	—	4	4	8	4	4	8	2	7	9	12	9	21	3	7	10	
Northampton	182	173	355	—	—	10	6	16	14	12	26	14	14	28	18	19	37	23	20	43	16	12	28	
Taunton	169	176	345	—	—	13	8	21	11	11	22	7	7	14	15	13	28	12	17	29	12	17	29	
Westborough	135	189	324	—	1	3	4	7	11	15	26	8	6	14	10	15	25	9	21	30	11	16	27	
Worcester	254	191	445	3	3	11	10	21	18	17	35	19	10	29	22	17	39	21	22	43	24	18	42	
Tewksbury	23	10	33	—	—	—	—	—	1	1	2	1	1	1	1	1	1	1	1	2	1	—	1	
Bridgewater	46	—	46	—	—	—	—	—	1	5	5	2	7	7	8	—	8	7	—	7	7	—	7	
Monson	11	10	21	2	2	4	4	6	2	2	—	1	1	3	—	—	—	2	2	5	1	1	2	
McLean	34	37	71	—	—	2	—	—	2	2	4	1	2	3	3	5	8	3	2	5	4	5	9	
U. S. Veterans' No. 107	33	—	33	—	—	2	—	—	2	—	—	—	—	—	10	—	10	10	—	10	9	—	9	
U. S. Veterans' No. 95	31	—	31	—	—	—	—	—	—	—	—	—	—	—	12	—	12	9	—	9	5	—	5	
Total	1,617	1,527	3,144	7	13	20	81	73	154	124	113	237	105	97	202	161	120	281	153	146	299	137	130	267

TABLE 130. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Hospital and Sex — Concluded.*

HOSPITALS.	45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80 YEARS AND OVER.	
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Boston State	17	15	13	14	17	18	23	13	20	20	27	35	11	19	6	30
Boston Psychopathic	10	6	8	2	10	3	8	3	—	—	—	—	12	13	—	—
Danvers	24	20	16	13	29	18	24	18	17	9	19	17	12	25	11	18
Foxborough	8	7	6	6	12	4	5	1	6	6	3	3	3	2	2	6
Gardner	4	5	5	2	7	3	4	1	1	3	—	—	4	2	1	3
Grafton	2	1	3	2	3	—	2	2	1	—	—	—	1	1	—	—
Medford	7	4	5	8	13	3	5	2	3	2	2	2	4	3	3	5
Northampton	9	12	15	20	35	10	11	12	13	9	22	16	12	7	10	13
Taunton	15	20	11	13	24	16	17	13	8	9	21	8	16	10	26	42
Westborough	9	17	12	22	34	8	9	11	15	26	16	14	10	11	21	9
Worcester	22	11	14	14	28	22	6	15	15	18	23	14	13	13	16	13
Tewksbury	5	1	6	3	3	4	1	2	2	—	1	2	3	2	1	23
Bridgewater	3	—	3	1	—	2	2	2	2	—	1	—	—	—	—	—
Monson	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	2	3	2	6	8	4	4	5	4	1	—	—	—	—	2	1
U. S. Veterans' No. 107	1	—	2	—	—	—	1	1	—	—	—	—	—	4	—	3
U. S. Veterans' No. 95	2	—	1	—	1	1	—	—	1	—	—	—	—	—	—	—
Total	130	122	116	123	239	117	109	124	104	92	121	109	78	88	59	165

TABLE 131. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Nativity and Sex.*

NATIVITY.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Australia	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Austria	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
Belgium	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Canada ¹	135	146	—	—	—	2	1	3	8	5	8	13	4	13	17	16	22	
Central America	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
China	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cuba	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Denmark	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
England	46	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Finland	8	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
France	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
Germany	13	11	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Greece	13	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Hungary	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
India	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Ireland	120	151	—	—	—	—	2	2	3	2	3	5	10	13	4	10	14	
Italy	58	48	—	—	—	—	1	1	4	1	1	2	4	6	12	9	10	
Norway	6	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
Poland	42	30	—	—	—	—	—	—	2	2	4	2	3	5	8	8	16	
Porto Rico	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Portugal	31	20	—	—	—	—	1	1	—	—	2	2	6	8	3	7	4	
Russia	36	29	—	—	—	—	1	1	—	3	2	5	3	4	12	4	9	
Scotland	17	13	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
South America	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Spain	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sweden	21	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Switzerland	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Turkey in Europe	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
United States	998	931	7	13	20	78	66	144	113	97	210	110	80	190	101	92	193	
West Indies ²	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Other countries ³	29	17	—	—	—	—	—	—	—	—	—	—	—	—	—	9	2	
Unknown	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	1,617	1,527	7	13	20	81	73	154	124	113	237	161	120	281	153	146	299	
																137	130	267

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at sea.

TABLE 131. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Nativity and Sex— Concluded.*

NATIVITY.	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Australia	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Austria	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
Belgium	13	12	25	7	12	19	10	13	23	16	12	28	11	11	22	17	16	33	11	13	24	11	19	30
Canada ¹	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Central America	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	2	8	10	4	3	7	1	5	6	6	6	12	7	7	14	9	4	13	5	6	11	1	6	7
Finland	2	2	4	2	1	3	2	1	3	—	—	—	1	—	—	1	1	2	—	1	1	—	—	—
France	—	—	—	—	—	—	—	—	—	2	1	3	1	1	2	1	1	2	3	2	5	2	2	4
Germany	—	—	—	1	2	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	5	—	5	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	8	10	18	10	23	33	13	19	32	18	9	27	17	16	33	19	18	37	10	9	19	7	13	20
Italy	7	4	11	9	3	12	4	1	5	5	3	8	2	1	3	2	2	4	1	4	5	1	4	5
Norway	1	1	2	—	—	—	1	1	1	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—
Poland	8	2	10	3	4	7	4	2	6	3	1	4	1	2	3	—	1	1	—	—	—	—	1	1
Porto Rico	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	4	2	6	3	1	4	5	—	5	3	—	3	2	—	2	—	1	1	1	—	—	1	1	2
Russia	4	5	9	2	2	4	3	2	5	1	2	3	5	3	8	3	2	5	3	—	—	2	2	—
Scotland	—	—	—	3	3	6	2	1	3	3	1	4	1	2	3	2	3	5	3	—	—	—	—	—
South America	1	—	1	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	4	—	4	2	3	5	—	—	3	1	2	3	2	3	5	4	—	—	2	—	—	1	2	3
Switzerland	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Europe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States	66	70	136	66	64	130	65	56	121	63	48	111	46	44	90	60	56	116	40	50	90	35	55	90
West Indies ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Countries ³	4	2	6	1	1	2	3	—	3	1	—	1	1	—	1	2	1	3	—	—	—	—	—	—
Unknown	—	—	—	—	—	1	—	1	1	—	—	—	2	2	4	—	—	2	1	1	—	—	1	1
Total	130	122	252	116	123	239	117	107	226	124	86	210	104	92	196	121	109	230	78	88	166	59	106	165

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia not specified; also born at sea.

TABLE 132. — *Psychoses of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Hospital and Sex.* — Continued.

PSYCHOSES.	GARDNER.			GRAFTON.			MEDFIELD.			NORTHAMPTON.			TAUNTON.			WESTBOROUGH.						
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%						
Traumatic	1	8	9	12.3	1	7	14	11.3	5	22	23	7.6	2	23	22	2	1	6	15	21	1	3.3
Senile	4	5	9	12.3	2	2	7	5.6	11	14	34	12.1	36	24	25	59	42	51	93	21	6.5	
With cerebral arteriosclerosis	2	2	4	5.5	1	5	2	1.8	5	6	16	4.2	16	2	18	2	8	4	12	3.7	28.7	
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.7	
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.6	
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other brain or nervous diseases	1	—	1	1.4	1	1	2	3.2	4	4	4	8	2.3	2	2	4	2	1	3	3	.9	
Alcoholic	5	—	5	6.8	8	1	9	7.3	33	7	40	11.3	18	3	21	6.1	11	1	12	3	3.7	
Due to drugs and other exogenous toxins	—	—	—	—	—	2	2	1.6	1	3	4	1.1	—	1	1	1	—	—	—	1	—	
With pellagra	—	—	—	—	—	2	6	8	8	14	22	6.2	5	9	14	4.0	1	8	9	1	2.8	
With other somatic diseases	2	8	10	13.7	11	19	30	24.3	17	20	37	10.4	11	17	28	8.1	16	33	49	1	15.1	
Manic-depressive	2	4	6	8.2	3	6	9	10.7	17	20	38	15.6	42	52	94	27.2	31	56	87	7	26.9	
Involution melancholia	—	2	2	2.7	—	2	2	3.6	54	55	109	30.7	1	1	17	18	5.2	6	2	8	2.5	
Dementia praecox	8	5	13	17.9	8	15	21	26.7	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paranoia or paranoid conditions	—	1	1	1.4	—	1	1	1.8	3	4	7	5.6	1	1	3	4	1.2	6	2	8	2.5	
Epileptic psychoses	—	—	—	—	—	1	1	1.6	1	1	2	1.6	1	1	1	2	1	1	1	1	.3	
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With psychopathic personality	—	1	1	1.4	—	—	—	—	5	12	17	4.8	1	5	10	2.9	7	9	16	1	.3	
With mental deficiency	4	3	7	9.6	3	9	12	21.4	3	3	3	8	—	—	—	—	—	—	—	—	4.9	
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Without psychoses	4	1	5	6.8	1	1	2	3.6	3	6	9	2.5	1	—	—	.3	—	—	—	—	—	
Total	33	40	73	100.0	61	63	124	100.0	182	173	355	100.0	169	176	345	100.0	135	189	324	100.0	100.0	

TABLE 133. — *Alcoholic Habits of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	2	15	5	1	6	4	—	4	4	1	5	—	—	—
Senile	83	180	263	40	140	180	26	17	43	11	2	13	6	21	27
With cerebral arteriosclerosis	334	275	609	164	218	382	99	24	123	53	11	64	18	22	40
General paralysis	161	42	203	65	30	95	58	7	65	32	4	36	6	1	7
With cerebral syphilis	18	4	22	7	4	11	8	—	8	2	—	2	1	—	1
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	32	23	55	20	20	40	8	2	10	3	—	3	1	1	2
Alcoholic	173	25	198	—	—	—	—	—	—	173	25	198	—	—	—
Due to drugs and other exogenous toxins	8	10	18	3	4	7	1	2	3	4	3	7	—	1	1
With pellagra	2	2	4	1	2	3	—	—	—	1	4	3	—	—	—
With other somatic diseases	36	79	115	13	60	73	11	13	24	11	4	15	1	2	3
Manic-depressive	168	217	385	78	174	252	60	35	95	25	3	28	5	5	10
Involution melancholia	29	65	94	12	35	67	14	7	21	3	1	4	—	2	2
Dementia præcox	359	358	717	210	307	517	88	36	124	48	9	57	13	6	19
Paranoia or paranoid conditions	27	59	86	9	50	59	11	5	16	7	1	8	—	3	3
Epileptic psychoses	17	23	40	9	21	30	3	2	5	5	—	3	—	—	—
Psychoneuroses and neuroses	10	18	28	5	15	20	3	2	5	2	1	3	1	2	3
With psychopathic personality	14	15	29	8	7	15	4	3	7	2	3	4	—	2	5
With mental deficiency	67	84	151	38	67	105	17	14	31	7	3	10	5	2	4
Undiagnosed psychoses	23	25	48	12	19	31	2	3	5	7	1	8	2	2	4
Without psychoses	42	19	61	19	15	34	7	4	11	16	—	16	—	—	—
Total	1,617	1,527	3,144	719	1,211	1,930	424	176	600	415	72	487	59	68	127

TABLE 134. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

RACE.	TOTAL.		TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.		WITH HUNTINGTONS CHOREA.		WITH BRAIN TUMOR.		
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
African (black)	36	41	77															
Armenian	10	9	19															
Bulgarian	1	2	3															
Chinese	4	2	6															
Dutch and Flemish	1	1	2															
East Indian	298	327	625															
English	18	14	32															
Finnish	129	106	235															
French	29	34	63															
German	16	5	21															
Greek	59	47	106															
Hebrew	386	369	755															
Irish	97	71	168															
Italian	20	7	27															
Lithuanian	1	1	2															
Magyar	1	1	2															
Pacific Islander	44	32	76															
Portuguese	49	37	86															
Rumanian	24	31	55															
Scandinavian ²	73	49	122															
Scotch	2	2	4															
Slavonic ³	2	1	3															
Spanish	3	3	6															
Spanish American	4	2	6															
Syrian	5	6	11															
Turkish	30	40	70															
Other specific races	276	288	564															
Race unknown																		
Mixed																		
Total	1,617	1,527	3,144	13	2	15	83	180	263	334	275	609	161	42	203	18	4	22
																1	2	3

¹Includes "North" and "South."²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 134. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.* — Continued.

RACE.	WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUG AND OTHER EXOGENOUS TOXINS.			WITH PELLAGRA.			WITH OTHER SOMATIC DISEASES.			MANIC- DEPRESSIVE.			INVOLUTION MEL- ANCHOLIA.			DEMENTIA PRAECOX.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
African (black)	—	—	—	3	—	3	—	—	—	—	—	—	3	1	4	—	—	—	3	5	8	—	—	—	6	15	21
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8
Bulgarian	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	5	7	12	15	4	19	2	2	4	—	2	2	6	15	21	—	8	19	34	48	82	—	—	—	60	75	135
Finnish	1	—	—	2	—	2	—	—	—	—	—	—	1	1	2	—	—	—	9	2	2	—	—	—	4	7	11
French	1	3	4	20	1	21	—	—	—	—	—	—	4	3	7	—	5	5	9	13	22	—	—	—	29	27	56
German	1	1	—	2	—	2	—	—	—	—	—	—	2	3	5	—	1	1	3	3	6	—	—	—	4	8	12
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	4	2	6
Hebrew	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	14	14	28	—	—	—	14	11	25
Irish	5	3	8	60	9	69	1	4	5	—	—	—	4	25	29	—	8	19	38	59	97	—	—	—	96	72	168
Italian ¹	2	1	3	2	1	3	2	2	—	—	—	—	3	3	6	—	3	3	19	13	32	—	—	—	23	22	45
Lithuanian	1	—	—	5	1	6	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	7	4	11
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	3	8	—	—	—	10	14	24
Portuguese	2	1	3	6	—	—	—	—	—	—	—	—	1	2	3	—	1	2	—	1	1	—	—	—	—	—	—
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	9	15	—	—	—	15	8	23
Scandinavian ²	—	—	—	4	—	4	—	—	—	—	—	—	1	1	1	—	2	3	—	—	—	—	—	—	7	4	11
Scottish	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	8	—	—	—	20	24	44
Slavonic ³	1	1	2	25	5	30	—	—	—	—	—	—	3	3	6	—	1	1	—	—	—	—	—	—	1	1	2
Spanish	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4	—	—	—	1	2	3
Race unknown	1	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	10	6	16	22	4	26	2	2	4	1	—	1	6	12	18	—	6	7	31	30	61	—	—	—	44	51	95
Total	32	23	55	173	25	198	8	10	18	2	2	4	36	79	115	168	217	385	359	358	717	29	65	94	359	358	717

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 134. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex. — Concluded.*

RACE.	PARANOIA OR PARANOID CONDITIONS.		EPILEPTIC PSYCHOSES.		PSYCHONEUROSES AND NEUROSES.		WITH PSYCHO- PATHIC PERSONALITY.		WITH MENTAL DEFICIENCY.		UNDIAGNOSED PSYCHOSES.		WITHOUT PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	—	1	1	—	—	—	—	—	7	2	9	—	2	2
Armenian	1	1	—	—	—	2	—	—	—	—	1	1	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	4	9	13	4	4	8	2	3	4	6	12	18	—	3	3
Finnish	—	—	—	—	—	—	—	—	—	1	—	1	6	2	7
French	3	—	3	3	—	3	—	1	—	8	12	20	—	4	2
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	—	2	2	—	—	—	—	—	—	1	1	2	—	—	—
Hebrew	1	4	5	—	2	2	7	—	—	3	2	5	1	1	2
Irish	5	21	26	5	3	8	5	1	2	6	17	23	10	5	15
Italian ¹	5	—	5	3	2	5	3	1	2	10	3	13	—	2	2
Lithuanian	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Portuguese	1	6	7	—	1	1	1	—	—	—	1	1	—	—	1
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	2	4	6	—	—	—	2	—	—	3	2	5	1	1	1
Scotch	1	4	5	—	—	—	1	—	—	—	1	1	1	1	1
Slavonic ³	1	3	4	—	—	—	—	1	—	4	2	6	1	1	3
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	1	—	—	1	1	1	—	—	1
Turkish	—	1	1	—	—	—	—	—	—	1	1	1	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	1	1	—	—	—	—	—	—	1	3	4	—	1	1
Mixed	2	4	6	1	10	11	4	6	6	10	22	32	4	7	11
Total	27	59	86	17	23	40	10	18	28	67	84	151	23	25	48

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 135. — *Race of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931, by Sex.*

RACE.	TOTAL.		
	M.	F.	T.
African (black)	44	56	100
American Indian	1	—	1
Armenian	11	12	23
Bulgarian	1	1	2
Chinese	4	1	5
Cuban	1	—	1
Dutch and Flemish	3	—	3
East Indian	1	—	1
English	239	229	468
Finnish	14	4	18
French	69	56	125
German	19	15	34
Greek	15	6	21
Hebrew	83	63	146
Irish	425	261	686
Italian ¹	131	69	200
Lithuanian	28	14	42
Magyar	—	1	1
Pacific Islander	—	2	2
Portuguese	24	11	35
Scandinavian ²	35	28	63
Scotch	36	16	52
Slavonic ³	58	27	85
Spanish	—	3	3
Spanish American	1	—	1
Syrian	7	2	9
Turkish	1	1	2
West Indian	1	—	1
Other specific races	6	5	11
Race unknown	39	26	65
Mixed	243	150	393
Total	1,540	1,059	2,599

¹Includes "North" and "South."²Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 136. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases, 1931, by Form of Admission and Sex; Number and Percentage Distribution.*

Number.

	ADMISSIONS.			TOTAL.			CITIZENS BY BIRTH.			CITIZENS BY NATURALIZATION.			ALIENS.			CITIZENSHIP UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	1,617	1,527	3,144	998	931	1,929	258	211	469	269	267	536	92	118	210			
Readmissions	424	385	809	311	263	574	54	41	95	42	63	105	17	18	35			
Temporary Care	1,540	1,059	2,599	1,007	692	1,699	213	145	358	253	183	435	67	39	106			
Voluntary Admissions	223	144	367	203	123	326	14	11	25	5	10	15	1	—	1			
Transfers	926	798	1,724	603	494	1,097	87	94	181	199	164	363	37	46	83			
Others ¹	26	19	45	23	15	38	1	2	3	2	1	3	—	—	1			
Total	4,756	3,932	8,688	3,145	2,518	5,663	627	504	1,131	770	688	1,458	214	222	436			

Percent.

	ADMISSIONS.			TOTAL.			CITIZENS BY BIRTH.			CITIZENS BY NATURALIZATION.			ALIENS.			CITIZENSHIP UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	34.0	38.8	36.2	31.7	37.0	34.1	41.1	41.8	41.5	34.9	38.8	36.8	43.0	53.2	48.2			
Readmissions	8.9	9.8	9.3	9.9	10.4	10.1	8.6	8.1	8.4	5.5	9.2	7.2	7.9	8.1	8.1			
Temporary Care	32.4	26.9	29.9	32.0	27.5	30.0	34.0	28.8	31.7	32.9	26.6	29.9	31.3	17.6	24.3			
Voluntary Admissions	4.7	3.7	4.2	6.5	4.9	5.8	2.2	2.2	2.2	6	1.5	1.0	.5	—	.2			
Transfers	19.5	20.3	19.9	19.2	19.6	19.4	13.9	18.7	16.0	25.8	22.8	24.9	17.3	20.7	19.0			
Others ¹ . . . . .	.5	.5	.5	.7	.6	.6	.2	.4	.2	.3	.3	.2	—	.4	.2			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			

¹Includes sane dangerous cases at Monson.

TABLE 137. — *Marital Condition of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		DIVORCED.		SEPARATED.		UNKNOWN.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
PSYCHOSES.													
Traumatic	13	2	3	—	8	2	2	—	—	—	—	—	—
Senile	83	180	18	36	40	32	23	108	—	—	—	—	—
With cerebral arteriosclerosis	334	275	50	50	163	66	106	153	—	—	—	—	—
General paralysis	161	42	44	7	97	26	14	6	—	—	—	—	—
With cerebral syphilis	18	4	8	—	9	3	1	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	1	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	32	23	16	10	13	6	3	5	—	—	—	—	—
Alcoholic	173	25	65	—	82	17	12	7	—	—	—	—	—
Due to drugs and other exogenous toxins	2	2	1	2	4	8	1	—	—	—	—	—	—
With pellagra	36	70	10	22	16	42	9	13	—	—	—	—	—
With other somatic diseases	168	217	87	75	73	116	4	16	—	—	—	—	—
Manic-depressive	29	65	94	17	20	35	2	12	—	—	—	—	—
Involution melancholia	359	338	275	169	444	163	6	12	—	—	—	—	—
Dementia praecox	27	59	10	15	71	32	6	12	—	—	—	—	—
Paranoia or paranoid conditions	17	23	40	17	24	9	—	3	—	—	—	—	—
Epileptic psychoses	10	18	6	8	14	4	—	—	—	—	—	—	—
Psychoneuroses and neuroses	14	15	29	7	6	6	—	—	—	—	—	—	—
With psychopathic personality	67	84	54	55	109	11	1	1	—	—	—	—	—
With mental deficiency	23	25	48	12	21	12	1	2	—	—	—	—	—
Undiagnosed psychoses	42	19	24	13	15	4	1	1	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,617	1,527	703	517	667	611	187	346	38	30	18	21	4
				1,220		1,278	533	68		39		6	

TABLE 140. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931,
by Marital Condition and Sex.

AGE GROUPS.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		DIVORCED.		SEPARATED.		UNKNOWN.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
Under 15 years	42	24	66	66	—	—	—	—	—	—	—	—	—					
15-19 years	133	132	265	129	1	3	4	—	—	—	—	—	—					
20-24 years	134	102	236	122	10	30	40	—	—	—	—	—	—					
25-29 years	149	111	260	112	30	49	79	—	—	—	—	—	—					
30-34 years	188	114	302	102	73	61	134	—	—	—	—	—	—					
35-39 years	227	132	359	117	121	79	200	—	—	—	—	—	—					
40-44 years	177	116	293	66	91	83	174	—	—	—	—	—	—					
45-49 years	141	92	233	47	61	77	64	—	—	—	—	—	—					
50-54 years	120	78	198	36	18	54	113	—	—	—	—	—	—					
55-59 years	91	65	156	22	15	37	55	33	88	10	11	21	2					
60-64 years	69	37	106	15	11	26	35	13	48	17	13	30	1					
65-69 years	34	14	48	5	6	11	19	3	22	7	4	11	1					
70-74 years	21	20	41	3	8	17	13	4	17	2	12	14	1					
75-79 years	7	10	17	2	5	7	3	1	4	—	—	—	—					
80-84 years	5	9	14	4	2	2	2	2	4	—	—	—	—					
85-89 years	2	2	—	—	—	—	1	1	—	—	—	—	—					
90 years and over	—	3	—	—	—	—	—	—	—	—	—	—	—					
Total	1,540	1,059	2,599	786	455	1,241	601	468	1,069	84	84	168	31	18	49	4	3	7

TABLE 141. — *Degree of Education of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	13	2	1	1	3	3	7	1	1	8	1	4	1	—
Senile	83	180	4	19	14	16	48	93	16	141	2	4	6	7
With cerebral arteriosclerosis	334	275	28	31	24	20	202	151	30	353	15	4	35	39
General paralysis	161	42	12	2	13	3	88	26	27	114	9	—	12	1
With cerebral syphilis	18	4	5	—	1	—	9	2	2	11	—	—	1	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	—	—	—	—	1	—	—	—	—	—	—	—
With other brain or nervous diseases	32	23	1	1	2	2	20	12	—	32	1	1	—	—
Alcoholic	173	25	17	5	27	3	104	13	12	117	3	1	10	2
Due to drugs and other exogenous toxins	8	10	1	—	1	—	4	6	2	10	—	—	—	—
With pellagra	2	4	—	—	—	—	1	—	1	2	—	—	—	—
With other somatic diseases	36	79	5	3	4	2	17	50	6	67	1	3	4	5
Manic-depressive	168	217	5	11	8	8	90	112	46	202	16	14	3	7
Involution melancholia	29	65	—	3	3	2	20	46	5	66	—	1	1	4
Dementia praecox	359	717	11	15	20	26	219	193	81	412	18	26	10	20
Paranoia or paranoid conditions	27	59	2	5	4	6	10	14	2	58	—	4	—	1
Epileptic psychoses	17	23	4	3	2	2	6	9	2	24	—	1	—	1
Psychoneuroses and neuroses	10	18	—	1	—	—	6	9	4	15	—	1	—	2
With psychopathic personality	14	15	—	—	—	—	10	14	3	24	—	—	—	2
With mental deficiency	67	84	15	11	9	13	41	46	3	87	1	—	2	5
Undiagnosed psychoses	23	25	1	3	—	—	14	11	—	25	1	1	3	4
Without psychoses	42	19	8	7	11	4	15	7	6	22	2	—	—	—
Total	1,617	1,527	119	121	146	107	946	846	247	288	70	61	89	193

TABLE 142. — *Degree of Education of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.
	M.	F.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6	12	6	6	—	—	—	5	1	1	—	—	—
Senile	12	54	24	24	1	1	1	8	2	4	—	—	—
With cerebral arteriosclerosis	41	54	95	8	—	8	—	15	4	—	—	—	—
General paralysis	47	14	61	8	2	2	4	29	3	8	5	1	6
With cerebral syphilis	7	4	11	4	—	4	—	6	3	1	1	—	1
With Huntington's chorea	—	—	—	—	—	—	—	4	1	—	—	—	—
With brain tumor	2	—	—	—	—	—	—	4	—	—	—	—	—
With other brain or nervous diseases	32	22	54	5	—	—	—	1	1	—	—	—	—
Alcoholic	254	27	281	15	14	1	3	184	32	1	3	6	—
Due to drugs and other exogenous toxins	21	26	47	1	—	—	—	10	5	13	1	1	2
With pellagra	1	—	1	—	—	—	—	1	—	—	—	—	—
With other somatic diseases	28	49	77	1	—	4	—	34	4	6	2	3	5
Manic-depressive	168	132	300	2	7	9	1	71	39	40	18	11	29
Involution melancholia	12	26	38	1	1	1	—	22	2	4	—	—	—
Dementia praecox	134	156	290	3	3	6	—	96	31	39	7	9	16
Paranoia or paranoid conditions	32	41	73	2	1	1	—	34	8	5	2	—	2
Epileptic psychoses	22	13	35	1	2	3	6	8	3	1	2	—	1
Psychoneuroses and neuroses	50	51	101	2	2	3	3	29	18	16	3	3	2
With psychopathic personality	12	13	25	—	—	1	1	9	1	2	1	3	—
With mental deficiency	26	17	43	4	2	6	—	17	3	4	—	—	—
Undiagnosed psychoses	115	106	221	4	7	11	4	68	17	19	3	1	4
Without psychoses	495	271	766	30	18	48	30	180	72	51	25	7	32
Diagnosis deferred	23	25	48	1	1	2	1	19	3	5	3	—	3
Total	1,540	1,059	2,599	73	54	127	106	50	245	219	80	37	117
							978	670	1,648	464	58	29	87

TABLE 143. — *Environment of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	13	2	15	12	2	14	1	—	1	—	—	—
Senile	83	180	263	76	170	246	6	8	14	1	2	3
With cerebral arteriosclerosis	334	275	609	322	267	589	11	8	19	1	—	—
General paralysis	161	42	203	153	42	195	5	—	5	3	—	3
With cerebral syphilis	18	4	22	17	—	21	—	—	—	1	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	3	1	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	32	23	55	30	23	53	1	—	1	1	—	1
Due to drugs and other exogenous toxins	173	25	198	166	23	189	5	2	7	2	—	2
With pellagra	8	10	18	8	10	18	—	—	—	—	—	—
With other somatic diseases	2	2	4	2	—	—	—	—	—	—	—	—
Manic-depressive	36	79	115	33	73	106	3	6	9	—	—	—
Involution melancholia	168	217	385	162	210	372	4	7	11	2	—	2
Dementia praecox	29	65	94	27	59	86	2	6	8	—	—	—
Paranoia or paranoid conditions	359	358	717	336	341	677	14	17	31	9	—	9
Epileptic psychoses	27	59	86	26	55	81	—	4	4	1	—	1
Psychoneuroses and neuroses	17	23	40	17	23	40	—	—	—	—	—	—
With psychopathic personality	10	18	28	10	18	28	—	—	—	—	—	—
With mental deficiency	14	15	29	13	14	27	1	1	2	—	—	—
Undiagnosed psychoses	67	84	151	61	81	142	4	3	7	2	—	2
Without psychoses	23	25	48	22	24	46	1	1	2	—	—	—
Total	42	19	61	38	16	54	1	2	3	3	1	4
	1,617	1,527	3,144	1,532	1,459	2,991	59	65	124	26	3	29

TABLE 144. — *Environment of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	6	—	6	6	—	6	—	—	—	—	—	—
Senile	12	12	24	12	11	23	—	1	1	—	—	—
With cerebral arteriosclerosis	41	54	95	40	51	91	—	2	2	—	2	—
General paralysis	47	14	61	47	14	61	—	—	—	—	—	—
With cerebral syphilis	7	4	11	7	4	11	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	2	—	2	2	—	2	—	—	—	—	—	—
With other brain or nervous diseases	32	22	54	30	19	49	1	1	2	1	2	3
Alcoholic	254	27	281	250	27	277	2	—	2	2	—	2
Due to drugs and other exogenous toxins	21	26	47	21	25	46	—	—	—	—	1	1
With pellagra	1	—	1	1	—	1	—	—	—	—	—	—
With other somatic diseases	28	49	77	27	46	73	1	3	4	—	—	—
Manic-depressive	168	132	300	166	130	296	1	2	3	1	—	1
Involution melancholia	12	26	38	12	26	38	—	—	—	—	—	—
Dementia praecox	134	156	290	132	152	284	2	3	5	—	1	1
Paranoia or paranoid conditions	32	41	73	32	38	70	—	1	1	—	2	2
Epileptic psychoses	22	13	35	20	13	33	2	2	2	—	—	—
Psychoneuroses and neuroses	50	51	101	50	49	99	—	2	2	—	—	—
With psychopathic personality	12	13	25	12	12	24	—	1	1	—	—	—
With mental deficiency	26	17	43	26	17	43	—	—	—	—	—	—
Undiagnosed psychoses	115	106	221	109	103	212	2	3	5	4	—	4
Without psychoses	495	271	766	475	266	741	13	5	18	7	—	7
Diagnosis deferred	23	25	48	21	25	46	1	—	1	1	—	—
Total	1,540	1,059	2,599	1,498	1,028	2,526	26	23	49	16	8	24

TABLE 145. — *Economic Status of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	13	2	15	2	—	2	11	2	13	—	4	13	—	4	—
Senile	83	180	263	28	47	75	47	108	155	—	13	17	—	4	16
With cerebral arteriosclerosis	334	275	609	67	39	106	231	206	437	24	11	35	12	19	31
General paralysis	161	42	203	20	2	22	131	36	167	6	4	10	4	—	4
With cerebral syphilis	18	4	22	3	—	3	15	4	19	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	32	23	55	1	3	4	19	18	37	2	1	3	—	1	1
Alcoholic	173	25	198	11	3	14	148	20	168	7	2	9	7	—	7
Due to drugs and other exogenous toxins	8	10	18	1	—	1	5	7	12	2	3	5	—	—	—
With pellagra	2	2	4	2	—	2	—	1	1	—	—	—	—	—	—
With other somatic diseases	36	79	115	8	10	18	23	64	87	5	5	10	—	—	—
Manic-depressive	168	217	385	8	23	31	133	199	304	24	22	46	1	3	4
Involution melancholia	29	65	94	2	6	8	24	52	76	3	7	10	—	—	—
Dementia praecox	359	358	717	66	32	98	263	286	549	22	32	54	8	8	16
Paranoia or paranoid conditions	27	59	86	—	3	3	—	50	50	27	6	33	—	—	—
Epileptic psychoses	17	23	40	4	7	11	12	15	27	1	—	—	—	1	1
Psychoneuroses and neuroses	10	18	28	—	2	2	10	16	26	—	—	—	—	—	—
With psychopathic personality	14	15	29	3	2	5	11	13	24	—	—	—	—	—	—
With mental deficiency	67	84	151	18	27	45	46	56	102	1	—	—	2	1	3
Undiagnosed psychoses	23	25	48	3	1	4	17	22	39	3	2	5	—	—	—
Without psychoses	42	19	61	9	8	17	29	9	38	3	3	2	1	—	1
Total	1,617	1,527	3,144	267	215	482	1,177	1,156	2,333	134	111	245	39	45	84

TABLE 146. — *Economic Status of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.		DEPENDENT.		MARGINAL.		COMFORTABLE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	6	12	6	24	6	6	2	2	1	1
Senile	41	54	2	95	10	6	1	2	1	4
With cerebral arteriosclerosis	47	14	1	61	45	45	1	3	1	1
General paralysis	7	4	1	11	7	4	1	1	1	1
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	2	—	—	2	—	—	—	—	—	—
With brain tumor	32	22	2	54	20	2	1	1	2	3
With other brain or nervous diseases	234	27	12	281	231	26	5	5	6	7
Alcoholic	21	26	2	47	18	47	1	1	1	1
Due to drugs and other exogenous toxins	1	—	—	1	1	—	—	—	—	—
With pellagra	28	49	3	77	41	68	4	4	1	2
With other somatic diseases	168	132	6	300	157	122	3	7	1	1
Manic-depressive	12	26	1	38	11	24	—	—	—	—
Involution melancholia	134	156	6	290	127	151	1	3	—	—
Dementia praecox	32	41	—	73	31	39	1	2	1	1
Paranoia or paranoid conditions	22	13	3	35	19	11	—	—	—	—
Epileptic psychoses	50	51	2	101	47	48	1	1	1	1
Psychoneuroses and neuroses	12	13	2	25	12	12	—	—	—	—
With psychopathic personality	26	17	3	43	22	15	—	—	—	—
With mental deficiency	115	106	3	221	102	100	1	2	1	2
Undiagnosed psychoses	495	271	33	766	423	231	10	4	9	10
Without psychoses	23	25	1	48	23	24	—	—	18	3
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—
Total	1,540	1,059	89	2,599	1,386	957	25	22	40	55

TABLE 147. — *Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Sex.*

PSYCHOSES.	TOTAL.		ONE.		TWO.		THREE.		FOUR.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	15	2	13	2	—	—	—	—	2	—
Senile	88	192	83	180	3	9	—	—	—	—
With cerebral arteriosclerosis	353	291	334	275	13	11	2	2	1	1
General paralysis	184	49	161	42	14	4	5	5	3	2
With cerebral syphilis	19	6	18	4	1	2	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	2	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—
Alcoholic	38	28	32	23	3	3	—	—	—	—
Due to drugs and other exogenous toxins	209	29	173	25	19	2	2	2	2	—
With pellagra	8	12	8	10	—	1	—	—	—	—
With other somatic diseases	2	2	2	2	—	—	—	—	—	—
Manic-depressive	40	82	36	79	1	1	2	3	—	—
Involution melancholia	274	349	168	217	31	41	25	33	16	18
Dementia praecox	41	77	29	65	8	9	3	2	5	34
Paranoia or paranoid conditions	508	491	359	358	63	59	46	37	24	21
Epileptic psychoses	36	67	27	59	6	3	9	3	5	45
Psychoneuroses and neuroses	23	29	17	23	2	3	2	2	1	2
With psychopathic personality	15	23	10	18	2	4	5	2	1	1
With mental deficiency	21	24	14	15	2	2	4	3	1	2
Undiagnosed psychoses	85	106	67	84	9	8	7	11	4	3
Without psychoses	24	28	23	25	—	—	—	—	—	—
Without psychoses	57	23	42	19	9	1	1	2	—	—
Total	2,041	1,912	1,617	1,527	185	163	117	100	55	51
					348	217			106	

TABLE 147. — *Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Sex. — Concluded.*

	FIVE.		SIX.		SEVEN.		EIGHT.		NINE.		TEN OR MORE	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PSYCHOSES.												
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1	1	—	—	—	—	—	—	—	—	—	—
General paralysis	1	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	—	1	1	2	2	—	—	1	—	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	12	13	10	9	3	10	6	2	3	2	5	—
Manic-depressive	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	10	7	3	6	1	1	1	—	1	—	—	—
Dementia praecox	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	2	—	1	—	—	—	—	—	—	—	—
Without psychoses	1	1	—	—	—	—	—	—	—	—	—	—
Total	27	27	17	22	7	12	8	2	8	2	10	6

TABLE 148. — Seasonal Variation in All Admissions to Hospitals for Mental Diseases, 1931, by Legal Status of Admission and Sex.

MONTH OF ADMISSION.			ALL ADMISSIONS.			COURT COMMITMENT. ¹						TEMPORARY CARE. ADMISSIONS. ²			VOLUNTARY ADMISSIONS.		
						FIRST ADMISSIONS.			READMISSIONS.								
									M.	F.	T.						
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1930.																	
October	.	.	301	251	552	129	137	266	21	27	48	138	78	216	13	9	22
November	.	.	256	238	494	100	111	211	39	28	67	104	86	190	13	13	26
December	.	.	308	233	541	148	109	257	41	33	74	101	85	186	18	6	24
1931.																	
January	.	.	284	268	552	127	144	271	32	28	60	110	84	194	15	12	27
February	.	.	327	221	548	134	110	244	38	25	63	133	78	211	22	8	30
March	.	.	313	248	561	130	125	255	45	30	75	127	79	206	11	14	25
April	.	.	341	316	657	155	142	297	30	46	76	130	113	243	26	15	41
May	.	.	365	267	632	145	131	276	43	38	81	151	82	233	26	16	42
June	.	.	352	273	625	165	129	294	35	41	76	131	91	222	21	12	33
July	.	.	362	303	665	140	153	293	38	31	69	158	103	261	26	16	42
August	.	.	322	265	587	137	121	258	33	34	67	137	100	237	15	10	25
September	.	.	299	251	550	122	125	247	40	33	73	120	80	200	17	13	30
Total	.	.	3,830	3,134	6,964	1,632	1,537	3,169	435	394	829	1,540	1,059	2,599	223	144	367

¹Includes sane dangerous cases at Monson.²Includes admissions for temporary care and observation.

TABLE 149. — *Psychoses of All First Admissions, Readmissions, and Transfers to State Hospitals for Mental Diseases, 1931, by Form of Admission and Sex.*

PSYCHOSES.	TOTAL.		TOTAL.				COURT COMMITMENTS. ¹			
	ALL GROUPS.		FIRST ADMISSIONS.		READMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	28	2	18	2	20	3	13	2	2	—
Senile	106	210	92	192	284	8	83	180	5	12
With cerebral arteriosclerosis	411	355	370	328	698	26	334	275	19	16
General paralysis	278	70	207	51	258	30	161	42	23	7
With cerebral syphilis	33	11	25	7	32	2	18	4	1	2
With Huntington's chorea	—	1	—	—	—	—	—	—	—	—
With brain tumor	3	2	3	2	5	—	1	2	—	—
With other brain or nervous diseases	78	54	59	44	103	13	32	23	6	5
Alcoholic	547	73	382	46	428	84	173	25	198	36
Due to drugs and other exogenous toxins	30	42	25	34	59	5	8	10	—	2
With pellagra	—	2	3	2	5	—	2	2	—	—
With other somatic diseases	73	140	64	126	190	6	36	79	4	3
Manic-depressive	521	564	293	318	611	176	108	217	106	132
Involution melancholia	66	115	42	90	132	13	29	65	12	23
Dementia praecox	1,190	1,185	460	479	939	183	359	358	717	149
Paranoia or paranoid conditions	90	142	55	99	154	14	27	59	86	9
Epileptic psychoses	89	77	50	48	98	31	26	26	47	13
Psychoneuroses and neuroses	91	95	64	69	133	23	41	18	28	5
With psychopathic personality	41	49	21	22	43	12	10	15	5	10
With mental deficiency	210	198	85	96	181	26	67	84	7	9
Undiagnosed psychoses	147	138	114	112	226	29	53	25	18	22
Without psychoses	697	382	535	287	822	155	23	79	1	8
Diagnosis deferred	24	25	24	19	43	—	53	26	19	—
Total	4,756	3,932	2,991	2,473	5,464	839	1,632	1,537	435	394
									829	

¹Includes sane dangerous cases at Monson.

TABLE 149. — *Psychoses of All First Admissions, Readmissions, and Transfers to State Hospitals for Mental Diseases, 1931, by Form of Admission and Sex. — Concluded*

PSYCHOSES.	TEMPORARY CARE.			OBSERVATION.			VOLUNTARY			TRANSFERS.			
	FIRST ADMISSIONS.		READMISSIONS.	M. F. T.	FIRST ADMISSIONS.	READMISSIONS.	M. F. T.	FIRST ADMISSIONS.	READMISSIONS.	M. F. T.	M. F. T.		
	M. F. T.	M. F. T.											
												M. F. T.	M. F. T.
Traumatic	3	—	3	1	—	1	—	—	—	7	—			7
Senile	5	8	13	2	—	2	—	—	—	—	6	—	12
With cerebral arteriosclerosis	31	40	71	2	1	3	—	—	—	—	10	25	25
General paralysis	33	7	40	3	3	6	—	—	—	—	41	6	47
With cerebral syphilis	4	3	7	1	1	2	—	—	—	—	6	1	7
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	1	—	—
With brain tumor	1	—	1	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	18	16	34	4	—	11	—	—	—	—	—	—	—
Alcoholic	137	17	154	34	4	74	3	2	15	4	—	3	98
Due to drugs and other exogenous toxins	10	20	30	2	3	8	3	1	4	—	2	2	2
With pellagra	1	—	1	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	19	35	54	7	9	16	—	—	—	—	—	—	—
Manic-depressive	104	83	187	37	29	66	16	8	24	3	10	6	119
Involution melancholia	9	22	31	—	1	5	—	—	—	—	17	10	27
Dementia praecox	91	107	198	26	32	58	7	4	11	1	1	1	2
Paranoia or paranoid conditions	22	31	53	2	3	5	3	2	5	—	—	—	—
Epileptic psychoses	10	4	14	8	6	14	1	1	4	1	3	4	12
Psychoneuroses and neuroses	32	36	68	10	7	17	5	7	12	3	17	8	20
With psychopathic personality	4	7	11	2	3	5	3	3	6	—	—	—	—
With mental deficiency	11	10	21	4	3	7	3	3	6	—	—	—	—
Undiagnosed psychoses	77	81	158	23	18	41	2	1	3	2	1	3	6
Without psychoses	172	137	309	41	29	70	68	36	104	5	96	55	174
Diagnoses deferred	20	18	38	—	5	4	—	1	—	—	1	—	—
Total	814	682	1,496	204	151	353	387	156	543	135	98	256	798
													1,724

TABLE 150. --- Psychoses of Readmissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Admission Ages and Sex.

	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PSYCHOSES.														
Traumatic	2	2	-	-	-	-	-	-	-	-	-	-	1	-
Senile	5	12	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	19	16	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	23	7	-	-	-	-	-	1	-	-	1	2	6	2
With cerebral syphilis	1	2	-	-	-	-	-	-	-	-	1	1	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	6	5	2	3	-	-	-	1	1	2	2	2	1	1
Alcoholic	36	4	-	-	-	-	-	1	1	2	2	2	2	2
Due to drugs and other exogenous toxins	-	2	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	4	7	-	-	-	-	-	-	-	-	2	1	1	1
Manic-depressive	106	132	238	-	-	-	6	10	16	7	10	17	13	13
Involution melancholia	12	12	24	-	-	-	5	-	-	-	7	12	19	26
Dementia praecox	149	133	282	-	-	-	13	6	19	13	21	34	43	57
Paranoia or paranoid conditions	9	8	17	-	-	-	1	-	1	1	1	1	1	1
Epileptic psychoses	6	5	12	-	-	-	2	1	3	-	1	2	2	2
Psychoneuroses and neuroses	7	9	16	-	-	-	-	-	-	1	1	2	1	1
With psychopathic personality	18	22	40	-	-	-	1	3	5	2	3	5	4	3
With mental deficiency	1	3	4	-	-	-	4	7	2	5	4	4	1	5
Undiagnosed psychoses	1	3	4	-	-	-	1	1	-	-	1	1	1	1
Without psychoses	15	4	19	-	-	-	-	-	-	-	6	2	3	3
Total	424	385	809	2	1	3	9	7	16	28	40	68	67	45
							24	25	49	58	44	102	112	112

TABLE 150. — *Psychoses of Readmissions by Court Commitment to Hospitals for Mental Diseases, 1931, by Admission Ages and Sex.* — Concluded.

	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																					
Traumatic	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	3	4	-	3	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	1	1	2	-	-	-	1	2	3	5	2	7	1	7	8	11	9	12
General paralysis	6	2	8	-	-	-	5	-	5	1	2	2	1	1	1	2	1	3	-	4	15
With cerebral syphilis	-	1	1	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	1	1	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	9	9	7	2	9	4	4	4	3	1	1	-	-	-	1	1	2
Alcoholic	6	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	1	-	1	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With other somatic diseases	13	19	32	10	18	28	14	14	28	17	12	29	11	11	22	5	7	12	2	2	4
Manic-depressive	-	-	-	2	1	3	4	2	6	3	2	5	1	5	6	1	1	2	1	1	2
Involution melancholia	26	21	47	16	12	28	5	9	14	7	11	18	2	5	7	1	2	3	-	1	1
Dementia praecox	1	1	2	1	-	1	2	2	4	1	1	2	-	-	1	1	1	2	-	1	1
Paranoia or paranoid conditions	-	-	-	-	-	-	1	3	4	1	1	1	-	-	1	-	2	2	-	-	-
Epileptic psychoses	-	-	-	-	-	-	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	1	-	1	-	2	2	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-
With psychopathic personality	2	4	6	2	2	4	-	1	1	-	1	1	1	-	1	-	-	-	-	-	-
With mental deficiency	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	-	-	1	1	2	2	1	3	2	2	2	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	56	49	105	42	40	82	41	34	75	42	30	72	25	27	52	12	24	36	18	19	37

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Age at Discharge and Sex.*
Total.

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	9	1	-	-	-	-	1	-	-	-	-	-	1	-
Senile	14	28	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	58	47	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	63	17	-	-	-	-	-	-	1	1	6	1	10	3
With cerebral syphilis	9	2	-	-	-	-	-	-	-	-	3	-	-	13
With Huntington's chorea	1	1	-	-	-	-	1	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	16	18	1	1	2	2	3	1	2	2	1	1	-	1
Alcoholic	176	22	-	-	-	-	1	-	4	4	14	4	29	3
Due to drugs and other exogenous toxins	5	15	-	-	-	-	-	-	-	-	1	1	1	1
With pellagra	13	48	-	-	-	-	-	9	-	-	-	-	-	-
With other somatic diseases	159	258	-	-	2	7	15	24	17	18	14	29	20	40
Manic-depressive	19	48	-	-	-	-	-	-	-	-	-	-	5	7
Involution melancholia	278	266	-	-	13	13	41	27	51	45	48	36	47	38
Dementia praecox	24	39	-	-	-	-	1	1	1	2	1	3	4	4
Paranoia or paranoid conditions	17	6	-	-	3	-	1	1	1	1	1	3	1	1
Epileptic psychoses	10	19	-	-	-	-	2	1	1	2	1	2	4	1
Psychoneuroses and neuroses	21	13	-	-	4	1	2	1	2	4	3	2	3	5
With psychopathic personality	38	41	-	-	2	3	8	5	2	5	2	7	11	7
With mental deficiency	11	14	-	-	-	-	1	1	1	1	2	3	1	1
Undiagnosed psychoses	33	17	-	-	2	2	1	3	4	5	7	3	5	1
Without psychoses	-	-	1	-	1	1	1	1	2	-	2	2	9	6
Total	975	919	4	1	28	31	78	78	83	79	108	96	135	108
		1,894	5		59		156		162		204		243	

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Age at Discharge and Sex.* — Continued.

Total — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	1	—	1	1	—	1	3	—	3	2	1	3	—	4	8	2	3	5	—	7	21	28
Senile	—	—	—	—	—	—	—	—	—	1	—	1	—	10	11	14	11	25	—	22	20	42
With cerebral arteriosclerosis	12	3	15	15	5	20	8	1	9	8	3	11	2	—	—	1	—	—	—	—	—	—
General paralysis	1	—	1	1	1	2	1	—	1	2	—	2	—	1	1	1	—	1	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	3	1	4	1	3	4	—	1	1	3	3	6	—	1	1	—	—	—	—	—	2	2
Alcoholic	25	—	25	25	3	28	30	7	37	24	1	25	9	2	11	12	2	14	3	—	3	—
Due to drugs and other exogenous toxins	2	2	4	2	1	3	—	5	5	3	3	—	1	1	1	—	1	1	—	1	1	1
With pellagra	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	1	2	3	2	7	9	2	3	5	4	4	8	1	7	8	—	2	2	—	1	1	2
Manic-depressive	21	28	49	18	35	53	17	35	52	11	19	30	10	13	23	9	8	17	5	2	7	—
Involution melancholia	—	3	3	5	13	18	3	13	16	4	9	15	3	6	9	3	1	4	1	2	3	—
Dementia praecox	32	33	65	20	26	46	15	17	32	7	20	27	1	5	6	2	2	4	1	4	5	—
Paranoia or paranoid conditions	3	7	10	3	12	15	4	5	9	5	4	9	2	2	4	—	—	—	—	1	1	—
Epileptic psychoses	3	2	5	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	1	6	7	1	1	2	2	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	4	—	4	1	2	2	3	2	5	1	—	1	—	—	—	—	—	—	—	—	—	—
With mental deficiency	4	2	6	3	7	10	1	2	3	4	1	5	—	1	1	—	1	1	—	—	—	—
Undiagnosed psychoses	1	2	3	4	1	5	1	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—
Without psychoses	7	4	11	4	1	5	1	1	2	1	1	2	1	1	2	1	—	1	—	—	1	1
Total	122	96	218	108	120	228	93	95	188	84	74	158	43	55	98	48	32	80	41	54	95	—

TABLE 151. — Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931,
by Age at Discharge and Sex. — Continued.
Recovered — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	11	1	11	9	1	10	6	4	10	10	1	11	2	2	4	1	1	1	1	1	1
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive	8	10	18	7	14	21	6	15	21	3	9	12	4	3	7	2	1	3	1	1	1
Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	4	3	7	1	2	3	2	3	6	1	2	2	1	2	3	1	2	3	1	1	1
Paranoia or paranoid conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	2	2	4	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-
With mental deficiency	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	26	20	46	21	24	45	18	28	46	16	21	37	11	9	20	8	2	10	4	2	6

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Age at Discharge and Sex. — Continued.*
Improved.

	TOTAL.		UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.		
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																				
Traumatic	9	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Senile	6	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	44	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	53	12	-	-	-	-	-	-	-	-	-	1	-	-	5	8	2	10	-	-
With cerebral syphilis	8	1	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	2	2	4	1	1	1	-	1	-
With other brain or nervous diseases	10	10	-	-	-	-	-	-	1	-	-	3	-	-	9	2	11	12	2	14
Alcoholic	101	13	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Due to drugs and other exogenous toxins	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
With pellagra	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	10	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
Manic-depressive	96	140	-	-	-	-	-	-	10	10	20	9	10	19	8	15	23	12	22	34
Involution melancholia	14	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	190	189	-	-	-	-	-	-	33	20	53	32	34	66	30	26	56	32	23	55
Paranoia or paranoid conditions	17	31	-	-	-	-	-	-	1	1	2	-	-	-	1	3	4	2	3	5
Epileptic psychoses	10	15	-	-	-	-	-	-	1	1	2	-	-	-	1	1	1	1	1	1
Psychoneuroses and neuroses	7	14	-	-	-	-	-	-	1	2	3	1	1	1	1	2	3	2	1	3
With psychopathic personality	11	21	-	-	-	-	-	-	2	2	4	1	1	2	2	2	2	1	1	1
With mental deficiency	22	29	-	-	-	-	-	-	4	4	8	1	2	3	2	5	7	5	3	8
Undiagnosed psychoses	6	9	-	-	-	-	-	-	1	3	4	-	-	-	1	1	2	1	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	620	590	1	1	2	14	19	33	56	47	103	50	53	103	66	59	125	79	61	140

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Age of Discharge and Sex. — Continued.*
Improved — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Traumatic	1	—	1	1	—	1	3	—	3	2	1	3	—	5	—	—	—	—	—	—	
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
General paralysis	11	2	13	13	5	18	7	1	4	4	2	6	1	8	15	1	1	2	3	14	
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With Huntington's chorea	1	—	1	1	1	2	1	—	1	1	1	1	—	1	—	1	—	10	16	34	
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other brain or nervous diseases	3	—	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Alcoholic	13	—	13	15	2	17	22	3	25	12	1	3	—	6	8	7	2	9	1	—	
Due to drugs and other exogenous toxins	2	—	2	2	—	2	4	4	—	—	—	—	—	1	1	1	1	1	1	—	
With pellagra	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other somatic diseases	13	17	30	10	5	7	1	1	2	3	2	5	—	6	7	—	2	2	1	1	
Manic-depressive	—	—	—	2	2	2	9	19	28	8	10	18	6	9	15	7	6	13	3	2	
Involution melancholia	21	26	47	3	11	14	3	9	12	4	7	11	2	3	5	1	1	2	3	5	
Dementia praecox	3	5	8	16	20	36	10	13	23	4	12	16	1	4	5	2	1	3	1	3	
Paranoia or paranoid conditions	1	1	2	1	10	11	2	4	6	4	3	7	2	1	3	2	1	3	1	4	
Epileptic psychoses	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Psychoneuroses and neuroses	1	1	2	1	1	2	2	2	2	—	1	1	—	—	—	1	—	1	—	—	
With psychopathic personality	3	2	5	1	2	3	1	1	2	3	2	1	—	—	—	1	—	—	—	—	
With mental deficiency	—	—	—	2	6	8	1	2	3	—	—	—	—	—	—	—	—	—	—	—	
Undiagnosed psychoses	—	—	—	2	1	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	76	62	138	71	84	155	65	60	125	53	42	95	28	39	67	33	24	57	28	39	

TABLE 151. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Age at Discharge and Sex. — Concluded.*
Unimproved. — Concluded.

PSYCHOSES.																					
40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS. AND OVER.			
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
General paralysis	-	1	1	2	-	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With cerebral syphilis	1	1	2	-	-	-	2	1	2	2	1	3	2	1	3	4	3	7	-	-	
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With brain tumor.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Alcoholic	1	-	1	1	1	-	1	1	2	2	1	2	1	-	1	1	1	-	2	1	
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Manic-depressive	-	1	1	4	5	-	2	1	3	1	-	1	-	1	1	1	1	-	1	-	
Involution melancholia	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	
Dementia praecox	7	4	11	4	4	8	2	1	3	2	6	8	1	1	1	1	1	-	1	1	
Paranoia or paranoid conditions	-	2	2	-	2	2	2	2	2	2	1	2	1	1	1	-	-	-	-	-	
Epileptic psychoses	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With psychopathic personality	4	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With mental deficiency	-	-	-	1	1	-	-	-	-	-	1	1	1	1	1	1	1	-	-	-	
Undiagnosed psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	13	10	23	12	11	23	9	6	15	14	10	24	3	6	9	6	6	12	9	12	21
Without psychoses	7	4	11	4	1	5	1	1	2	1	1	2	1	1	2	1	-	1	-	1	1

TABLE 152. — *Time on Books, Time Spent within Institutions during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Psychoses and Sex.*

PSYCHOSES.	ALL CONDITIONS.									
	On Books.					AVERAGE TIME IN YEARS. ¹				
	M.		F.		T.	Out.		Net.		T.
	M.	F.	M.	F.		M.	F.	M.	F.	
Traumatic	1.36	1.50	1.37	1.37	1.37	1.33	1.50	.03	—	.02
Senile	1.39	1.89	1.73	1.73	1.73	.91	1.38	.48	.51	.51
With cerebral arteriosclerosis	1.56	2.06	1.78	1.78	1.78	1.09	1.50	.47	.56	.50
General paralysis	2.30	1.86	2.21	2.21	2.21	1.45	1.30	.85	.56	.79
With cerebral syphilis	2.19	1.35	2.04	2.04	2.04	1.33	1.25	.86	.10	.73
With Huntington's chorea . . . . .	.79	—	.79	—	.79	—	—	.79	—	.79
With brain tumor	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2.29	1.81	2.04	2.04	2.04	1.28	1.26	1.01	.55	.77
Alcoholic	1.77	1.83	1.78	1.78	1.78	1.05	1.13	.72	.70	.72
Due to drugs and other exogenous toxins	1.22	1.03	1.08	1.08	1.08	1.08	.98	.14	.05	.08
With pellagra	1.50	—	1.50	—	1.50	1.50	—	—	—	—
With other somatic diseases	1.22	1.52	1.46	1.46	1.46	1.08	1.15	.14	.37	.33
Manic-depressive	2.01	2.24	2.15	2.15	2.15	1.34	1.38	.67	.86	.79
Involution melancholia	2.41	2.68	2.60	2.60	2.60	1.52	1.46	.89	1.22	1.13
Dementia praecox	2.75	2.85	2.80	2.80	2.80	1.42	1.37	1.33	1.48	1.40
Paranoia or paranoid conditions	4.02	1.96	2.74	2.74	2.74	1.90	1.32	2.12	.64	1.20
Epileptic psychoses	2.85	2.83	2.84	2.84	2.84	.87	1.66	1.98	1.17	1.76
Psychoneuroses and neuroses	2.50	2.11	2.24	2.24	2.24	1.70	1.44	.80	.67	.71
With psychopathic personality	1.91	1.92	1.91	1.91	1.91	1.33	1.10	.58	.82	.67
With mental deficiency	2.84	2.04	2.43	2.43	2.43	1.27	1.38	1.57	.66	1.11
Undiagnosed psychoses	1.33	1.05	1.17	1.17	1.17	1.14	.86	.19	.19	.19
Without psychoses	1.32	.81	1.15	1.15	1.15	.86	.47	.46	.34	.42
Total	2.23	2.27	2.25	2.25	2.25	1.28	1.33	.95	.94	.95

¹While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

TABLE 153. — *Psychoses of Temporary Care Case Discharged from Hospitals for Mental Diseases, 1931, by Age at Discharge and Sex.*

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	8	6	—	—	1	—	—	—	—	—	3	—	1	—
Senile	9	15	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	28	40	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	48	13	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	6	3	—	1	—	1	—	—	—	—	—	—	10	3
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	1	1
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	29	20	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	248	27	1	1	2	4	2	2	2	2	5	2	2	2
Due to drugs and other exogenous toxins	19	28	—	—	—	—	—	—	—	—	—	—	51	1
With pellagra	1	—	—	—	—	—	—	—	—	—	—	—	5	4
With other somatic diseases	20	40	—	—	—	—	—	—	—	—	—	—	1	1
Manic-depressive	196	154	—	—	—	—	—	—	—	—	—	—	21	21
Involuntum melancholia	11	25	—	—	—	—	—	—	—	—	—	—	1	5
Dementia praecox	130	133	—	—	—	—	—	—	—	—	—	—	21	42
Paranoia or paranoid conditions	31	41	—	—	—	—	—	—	—	—	—	—	—	2
Psychoneuroses	42	26	2	4	7	4	2	3	9	4	3	6	4	1
Epileptic psychoses	65	67	—	—	—	—	—	—	—	—	—	—	4	3
With psychopathic personality	14	13	—	—	—	—	—	—	—	—	—	—	4	7
With mental deficiency	25	16	—	—	—	—	—	—	—	—	—	—	13	13
Undiagnosed psychoses	107	105	—	—	—	—	—	—	—	—	—	—	2	2
Without psychoses	562	310	2	1	14	15	5	11	16	20	20	11	22	15
Diagnosis deferred	24	25	46	31	84	93	62	31	33	62	25	87	69	30
Total	1,623	1,112	53	41	143	148	144	115	164	121	209	126	235	139
			94		291		285		335		374			

TABLE 154. — Age at Discharge of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Hospital and Sex.

HOSPITALS.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	T.		T.		T.		T.		T.		T.		T.		
Boston State	77	114	191	1	—	1	1	2	5	14	17	5	12	1	13
Boston Psychopathic	32	30	62	—	—	2	3	5	9	9	2	3	5	2	7
Danvers	120	131	251	—	—	7	2	9	14	10	9	15	24	8	20
Foxborough	170	42	112	—	—	—	1	1	7	4	11	12	4	16	5
Gardner	16	17	33	—	—	—	—	1	1	1	2	3	2	2	3
Grafton	17	12	29	—	—	—	1	1	2	4	3	2	3	1	3
Medfield	40	67	107	1	—	1	3	3	2	9	8	11	19	9	8
Metropolitan	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	85	101	186	—	—	2	1	3	6	7	13	7	12	14	26
Taunton	92	116	208	—	—	4	6	10	13	8	21	9	10	7	12
Westborough	92	121	213	—	—	4	9	13	6	5	11	16	13	9	14
Worcester	190	140	330	1	1	2	6	4	10	12	14	15	11	26	23
Monson.	1	—	1	1	—	1	—	—	—	—	—	—	—	34	16
McLean	29	23	52	—	—	1	1	2	2	2	4	3	2	3	3
Bridgewater	26	—	26	—	—	—	—	4	2	2	2	1	2	7	7
Tewksbury	6	5	11	—	—	—	—	—	1	1	1	1	1	—	—
U. S. Veterans No. 107	41	—	41	—	—	—	—	—	1	1	11	11	11	16	16
U. S. Veterans No. 95	37	—	37	—	—	—	—	—	—	—	13	13	12	—	12
Total	975	919	1,894	4	1	5	28	31	59	78	78	108	96	135	108
														204	243

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1931, by Form of Admission and Sex.*

PSYCHOSES.	TOTAL.				TOTAL.				COURT COMMITMENT. ¹			
	ALL FIRST ADMISSIONS.		ALL READMISSIONS.		TRANSFERS.		TOTAL.		FIRST ADMISSIONS.		READMISSIONS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	23	2	25	11	1	12	6	—	6	1	7	10
Senile	26	40	66	17	26	43	6	8	14	3	6	9
With cerebral arteriosclerosis	101	95	196	69	77	146	17	10	27	15	8	23
General paralysis	154	36	190	84	15	99	27	15	42	43	6	49
With cerebral syphilis	19	6	25	10	2	12	5	3	8	1	1	2
With Huntington's chorea	2	1	3	1	—	1	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	50	42	92	31	30	61	14	8	22	5	4	9
Alcoholic	518	65	583	308	32	340	116	17	133	94	16	110
Due to drugs and other exogenous toxins	25	45	70	18	35	53	6	8	14	1	2	3
With pellagra	2	—	2	2	—	2	—	—	—	—	—	—
With other somatic diseases	35	96	131	29	63	92	4	25	29	2	8	10
Manic-depressive	403	482	885	178	183	361	177	229	406	48	70	118
Involution melancholia	38	83	121	23	49	72	7	24	31	8	10	18
Dementia praecox	947	939	1,886	194	241	435	214	178	392	539	520	1,059
Paranoia or paranoid conditions	80	113	193	38	59	97	17	21	38	25	33	58
Epileptic psychoses	73	36	109	35	20	55	29	14	43	9	2	11
Psychoneuroses and neuroses	80	94	174	49	62	111	27	24	51	4	8	12
With psychopathic personality	42	37	79	19	12	31	16	14	30	7	11	18
With mental deficiency	151	130	281	32	33	65	31	24	55	88	73	161
Undiagnosed psychoses	128	129	257	80	89	169	38	30	68	10	10	20
Without psychoses	611	338	949	447	248	695	153	84	237	11	6	17
Diagnosis deferred	24	25	49	24	18	42	—	7	7	—	—	—
Total	3,532	2,834	6,366	1,699	1,295	2,994	910	743	1,653	923	796	1,719
							986	926	1,912	479	439	918
										507	487	994

¹Includes sane dangerous cases at Monson.

TABLE 155. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1931, by Form of Admission and Sex. — Concluded.*

PSYCHOSES.	TEMPORARY CARE AND OBSERVATION.				VOLUNTARY.				TRANSFERS.						
	TOTAL.		FIRST ADMISSIONS.		READMISSIONS.		TOTAL.				FIRST ADMISSIONS.		READMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	—	8	7	—	7	1	—	1	—	—	—	—	—	—
Senile	9	6	15	12	6	12	3	—	3	—	—	—	—	—	—
With cerebral arteriosclerosis	28	40	68	25	39	64	3	1	4	—	—	—	—	—	—
General paralysis	42	12	54	37	7	44	5	5	10	6	1	7	4	2	1
With cerebral syphilis	5	3	8	4	2	6	1	1	2	1	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	27	19	46	21	18	39	6	1	7	2	1	3	1	1	—
Alcoholic	246	27	273	200	21	221	46	6	52	2	2	2	2	2	—
Due to drugs and other exogenous toxins	19	26	45	15	23	38	4	3	7	2	2	2	2	2	—
With pellagra	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
With other somatic diseases	18	37	55	17	32	49	1	5	6	2	3	5	2	3	—
Manic-depressive	169	134	303	111	95	206	58	39	97	27	20	47	9	18	11
Involution melancholia	11	24	35	11	23	34	1	1	1	—	—	—	—	—	—
Dementia praecox	129	151	280	94	116	210	35	35	70	1	2	3	1	2	3
Paranoia or paranoid conditions	30	38	68	25	33	58	5	5	10	1	3	4	1	3	4
Epileptic psychoses	19	13	32	8	5	13	11	8	19	23	13	36	18	10	28
Psychoneuroses and neuroses	48	53	101	34	45	79	14	8	22	17	14	31	12	8	20
With psychopathic personality	12	13	25	8	7	15	4	6	10	2	2	2	1	1	—
With mental deficiency	25	16	41	18	10	28	7	6	13	4	2	6	2	1	3
Undiagnosed psychoses	103	103	206	76	82	158	27	21	48	4	2	6	2	2	1
Without psychoses	499	269	768	383	205	588	116	64	180	63	41	104	42	31	73
Diagnosis deferred	23	25	48	23	18	41	—	7	7	1	—	—	1	1	—
Total	1,471	1,009	2,480	1,124	787	1,911	347	222	569	152	103	255	96	69	165
													56	34	90
													923	796	1,719

TABLE 157. — *Number of Times Out on Visit and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1931, by Sex.*

PSYCHOSES.	TOTAL.			NUMBER OF TIMES OUT ON VISIT.									
	NUMBER OF CASES.		NUMBER OF VISITS.			NONE.		ONE.		TWO.		THREE-FOUR.	
	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.	M.	F.	T.
Traumatic	9	1	10	9	1	3	6	9	1	10	—	—	—
Senile	14	28	42	13	38	51	13	9	22	31	—	—	—
With cerebral arteriosclerosis.	58	47	105	55	51	106	5	45	37	82	—	—	—
General paralysis	63	17	80	106	30	136	4	44	10	54	3	3	2
With cerebral syphilis	9	2	11	12	3	15	1	4	3	3	6	1	7
With Huntington's chorea	1	—	1	—	—	—	1	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	16	18	34	33	24	57	—	—	—	—	—	—	—
Alcoholic	176	22	198	176	21	197	2	4	10	13	23	1	3
Due to drugs and other exogenous toxins	5	15	20	4	11	15	1	4	9	11	107	2	1
With pellagra	1	—	1	1	—	—	—	—	—	—	—	—	—
With other somatic diseases	13	48	61	13	51	63	2	7	9	44	—	—	—
Manic-depressive	159	258	417	208	348	556	32	34	66	84	2	2	2
Involution melancholia	19	48	67	25	60	85	2	3	5	15	21	15	11
Dementia praecox	278	266	544	424	386	810	43	33	76	153	37	8	9
Paranoia or paranoid conditions	24	39	63	21	45	66	5	10	17	30	22	4	12
Epileptic psychoses.	17	6	23	32	11	43	3	3	9	12	1	2	2
Psychoneuroses and neuroses	10	19	29	20	33	53	—	2	6	9	3	3	2
With psychopathic personality	21	13	34	25	16	41	5	3	11	15	2	3	1
With mental deficiency	38	41	79	50	58	108	10	6	16	26	4	3	1
Undiagnosed psychoses	11	14	25	9	11	20	3	5	8	15	1	1	—
Without psychoses	33	17	50	21	7	28	19	10	29	18	2	—	—
Total	975	919	1,894	1,257	1,204	2,461	195	133	328	561	592	67	61
							118	100	218	34	33	67	67

TABLE 158. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1931, by Age at Death and Sex.*

PSYCHOSES.		TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.		45-49 YEARS.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile	97	168	205	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	251	189	440	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	126	24	150	1	1	2	2	-	-	-	-	10	-	14	6	20	22	24	28
With cerebral syphilis	5	3	8	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1
With Huntington's chorea	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
With brain tumor	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
With other brain or nervous diseases	15	14	29	-	-	1	1	1	1	1	1	-	2	3	3	8	1	9	7
Alcoholic	68	25	93	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	1
Due to drugs and other exogenous toxins	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	26	30	56	-	-	1	1	-	-	2	2	3	-	3	3	2	2	4	2
Manic-depressive	44	49	93	-	-	-	1	1	2	-	2	3	-	3	4	7	3	1	4
Involution melancholia	12	26	38	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	2
Dementia praecox	158	158	316	-	-	1	1	6	-	6	9	4	13	9	10	19	20	15	35
Paranoia or paranoid conditions	4	16	20	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2
Epileptic psychoses	21	14	35	-	-	1	1	2	-	-	4	2	6	1	1	2	4	1	1
Psychoneuroses and neuroses	2	6	8	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
With psychopathic personality	1	2	3	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	22	12	34	1	2	1	3	1	-	-	-	-	1	1	3	4	1	2	3
Undiagnosed psychoses	9	8	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	13	4	17	1	-	-	-	1	1	1	4	1	5	-	-	-	2	1	1
Total	882	754	1,636	3	-	6	4	9	4	13	19	10	29	25	16	41	65	32	97

TABLE 158. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1931, by Age at Death and Sex. — Concluded.*

PSYCHOSES.	50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80-84 YEARS.		85-89 YEARS.		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Senile	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis	7	5	24	31	35	24	15	16	17	37	22	46	19	24	13	18	3	14
General paralysis	12	2	16	3	11	3	40	25	66	39	41	42	25	28	7	12	4	5
With cerebral syphilis	2	2	1	2	2	2	3	3	3	3	2	2	1	1	1	1	1	1
With Huntington's chorea	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With brain tumor	3	4	2	2	2	2	2	1	3	3	3	3	1	1	1	1	1	1
With other brain or nervous diseases	7	1	9	5	7	5	11	2	10	4	3	1	3	3	1	1	1	1
Alcoholic	7	1	8	14	12	12	13	13	14	14	3	3	3	3	1	1	1	1
Due to drugs and other exogenous toxins	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With pellagra	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other somatic diseases	2	4	4	2	4	5	3	5	5	2	7	5	1	1	1	1	1	1
Manic-depressive	6	7	5	5	8	5	4	6	6	6	2	5	1	1	1	1	1	1
Involution melancholia	5	5	2	7	4	5	3	3	1	1	2	1	1	1	1	1	1	1
Dementia praecox	13	13	16	32	17	17	11	13	15	12	5	13	4	8	1	4	1	3
Paranoia or paranoid conditions	2	2	1	1	1	4	2	1	3	1	1	2	2	2	3	3	1	4
Epileptic psychoses	2	2	3	1	4	3	2	1	3	1	1	2	2	2	2	2	1	1
Psychoneuroses and neuroses	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality	4	1	2	2	4	1	2	2	3	1	1	1	1	1	1	1	1	1
With mental deficiency	4	1	3	2	3	1	2	2	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Without psychoses	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	57	51	91	58	103	81	102	76	128	106	77	113	56	64	21	40	8	22
	108	108	149	149	184	184	178	178	234	234	190	190	120	120	61	61	30	30

TABLE 159. — Age at Death of Committed Patients who Died in Hospitals for Mental Diseases, 1931, by Hospital and Sex.

HOSPITALS.		TOTAL.		UNDER 15 YEARS.	15-19 YEARS.	20-24 YEARS.	25-29 YEARS.	30-34 YEARS.	35-39 YEARS.	40-44 YEARS.	45-49 YEARS.	
		M. F.	T.									
		M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	141	146	287	-	-	-	1	1	2	8	10	7
Boston Psychopathic	6	4	10	-	-	-	1	1	1	3	11	17
Danvers	127	138	265	-	-	-	2	4	6	15	11	20
Foxborough	36	40	76	-	1	1	1	3	4	2	9	4
Gardner	25	31	56	-	1	1	1	1	3	3	1	4
Grafton	18	26	44	-	1	1	-	-	2	5	3	3
Medfield	40	52	92	-	-	1	2	4	1	6	3	5
Metropolitan	1	1	2	-	-	-	-	-	1	1	2	7
Northampton	80	51	131	-	-	-	-	-	-	3	3	2
Taunton	104	79	183	1	-	-	2	1	3	6	5	9
Westborough	73	56	129	-	-	-	-	2	4	9	10	7
Worcester	123	91	214	1	-	1	-	2	5	2	6	4
Monson	16	4	20	1	-	-	5	1	6	11	13	22
McLean	11	8	19	-	-	-	1	-	-	3	1	2
Bridgewater	31	31	62	-	-	-	2	-	-	1	1	2
Tewksbury	24	27	51	-	-	-	-	-	1	3	3	6
U. S. Veterans' No. 107.	10	10	20	-	-	-	-	-	2	2	2	4
U. S. Veterans' No. 95.	16	-	16	-	-	-	-	-	3	4	-	-
Total.	882	754	1,636	3	6	9	19	25	47	65	65	112

TABLE 160. — *Number of Times Admitted to All Institutions and Nei Duration of Hospital Residence during THIS Admission of Committed Patients who Died during 1931, by Sex.*

NUMBER OF ADMISSIONS.		TOTAL.		LESS THAN 1 MONTH.		1-3 MONTHS.		4-7 MONTHS.		8-11 MONTHS.		1 YEAR.		2 YEARS.								
		M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.							
One	.	579	466	1,045	122	113	235	109	74	183	58	45	103	50	27	77	60	59	119	26	39	65
Two	.	197	165	362	22	19	41	18	17	35	17	6	23	8	9	17	18	9	27	13	9	22
Three	.	66	71	137	3	1	4	3	2	5	2	2	4	4	3	7	6	4	10	2	5	5
Four	.	22	25	47	1	—	1	2	1	3	2	1	3	—	—	—	2	2	3	2	3	5
Five	.	10	20	30	1	—	1	1	1	2	1	1	1	—	—	—	1	2	3	1	1	1
Six	.	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seven	.	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten +	.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	882	754	1,636	149	133	282	133	96	229	80	54	134	63	40	103	88	75	163	42	57	99

NUMBER OF ADMISSIONS.		3 YEARS.		4 YEARS.		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30 YEARS AND OVER.									
		M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.								
One	.	23	25	48	12	14	26	52	38	90	19	16	35	13	7	20	10	2	12	8	1	9	17	6	23
Two	.	11	7	18	8	9	17	24	31	55	24	17	41	9	12	21	11	8	19	7	8	15	7	4	11
Three	.	3	4	7	3	3	6	14	12	26	9	16	25	8	11	19	4	3	7	2	4	6	5	1	6
Four	.	3	—	3	1	—	1	4	2	6	1	7	8	3	4	7	—	—	—	—	—	—	—	—	—
Five	.	1	1	2	—	—	—	3	3	3	3	6	9	1	2	3	1	—	—	—	—	—	—	—	—
Six	.	—	—	—	—	—	—	—	—	—	—	—	2	2	2	—	—	—	—	—	—	—	—	—	—
Seven	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten +	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	41	37	78	25	26	51	94	87	181	57	64	121	34	36	70	28	13	41	17	21	38	31	15	46

TABLE 162. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1931, by *Psychoses and Sex*.

CAUSE OF DEATH.	TOTAL.		SENILE.		WITH CEREBRAL ARTERIO- SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC- DEPRESSIVE.		INVOLUTION MELAN- CHOLIA.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Epidemic, Endemic and Infectious Diseases:</i>														
Influenza	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	1	1	1	—	—	—	—	—	—	—	—	—	—
Lethargic encephalitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	99	74	1	2	6	1	1	1	9	3	4	6	2	3
Tuberculosis of other organs	1	1	—	—	—	—	—	—	—	—	—	—	—	5
Syphilis (non-nervous forms)	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Purulent infection, septicaemia	2	3	—	—	—	—	—	—	1	1	—	2	—	—
<i>General Diseases not included in Class I:</i>														
Cancer and other malignant tumors	28	39	2	7	9	5	1	3	2	1	—	1	—	3
Tumor (non-cancerous)	2	—	—	—	1	—	—	—	1	—	—	—	—	—
Rheumatism	1	—	—	—	1	—	—	—	—	—	—	—	—	—
Pellagra	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	3	6	—	—	2	2	—	—	—	—	—	1	—	—
Alcoholism (acute or chronic)	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Other general diseases	11	8	—	2	3	—	—	—	—	—	—	—	—	1
<i>Diseases of the Nervous System:</i>														
Typha dorsalis (locomotor ataxia)	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the spinal cord	1	1	—	—	1	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	33	26	4	1	11	6	1	—	1	3	4	3	2	—
General paralysis of the insane	120	20	—	—	—	—	117	20	2	2	—	—	—	—
Other forms of mental disease	4	3	—	—	1	—	—	—	1	—	—	—	—	—
Epilepsy	20	7	—	1	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	5	5	—	2	1	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System:</i>														
Pericarditis	2	1	—	—	—	1	—	—	1	—	—	—	—	—
Endocarditis and myocarditis	—	2	—	—	—	—	—	—	—	—	—	—	—	1
Angina pectoris	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the heart	167	213	23	49	72	70	—	—	16	10	26	12	5	6
Arteriosclerosis	173	150	323	42	50	84	1	—	11	4	15	9	4	4
Other diseases of the circulatory system	4	4	—	1	1	1	—	—	—	—	—	—	—	—

TABLE 162. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1931, by Psychoses and Sex. — Continued.

CAUSES OF DEATH.	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.			MANIC-DEPRESSIVE.			INVOLUTION MELAN-CHOLIA.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>																					
Bronchitis	1	2	3	—	1	1	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—
Bronchopneumonia	76	79	155	14	32	46	35	29	64	6	1	7	—	—	4	1	5	—	—	1	3
Lobar pneumonia	29	28	57	4	5	9	3	2	5	7	—	7	—	—	1	4	5	—	—	—	3
Pleurisy	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Asthma	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	2	3	5	1	1	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
<i>Diseases of the Digestive System:</i>																					
Diseases of the pharynx and tonsils	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of stomach and duodenum	2	2	4	—	—	—	1	1	2	—	—	—	—	—	1	—	1	—	—	—	—
Other diseases of stomach (cancer excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	2	5	7	—	2	2	—	—	—	—	—	—	—	—	1	1	2	—	—	1	2
Appendicitis and typhlitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	9	—	9	1	—	1	1	—	1	—	1	—	—	—	1	—	1	—	—	—	—
Other diseases of intestines	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	3	4	7	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Biliary calculi	—	2	2	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of liver	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa:</i>																					
Nephritis	34	20	54	3	3	6	13	3	16	4	—	4	—	—	2	2	—	—	1	—	1
Other diseases of kidneys and annexa	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of prostate	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Skin and of the Cellular Tissues:</i>																					
Gangrene	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of skin and annexa	3	2	5	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—
<i>Diseases of Bones and of the Organs of Locomotion (tuberculosis and rheumatism excepted)</i>																					
.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>External Causes:</i>																					
Suicide	7	6	13	—	—	—	—	—	—	1	—	1	—	—	—	—	4	5	9	—	—
Accidental traumatism	14	19	33	2	9	11	5	5	10	1	—	3	—	—	1	2	3	—	—	1	1
Other external causes	4	4	8	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—
Total	882	754	1,636	97	168	265	251	189	440	126	24	150	68	25	93	44	49	93	12	26	38

TABLE 162. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1931, by Psychoses and Sex. — Concluded.

CAUSES OF DEATH.	DEMENTIA PRAECOX.		PARANOIA OR PARANOID CONDITIONS.		EPILEPTIC PSYCHOSES.		PSYCHONEU- ROSES AND NEUROSES.		WITHPSYCHO- PATHIC PER- SONALITY.		WITH MENTAL DEFICIENCY.		ALL OTHER PSYCHOSES.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
<i>Diseases of the Respiratory System:</i> Bronchitis Bronchopneumonia Lobar pneumonia Pleurisy Asthma Other diseases of the respiratory system (tuberculosis excepted)	8	4	12	—	1	1	3	1	4	—	—	—	—	3	6	9	
	6	8	14	—	1	1	3	—	3	—	—	1	2	3	3	6	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Diseases of the Digestive System:</i> Diseases of the pharynx and tonsils Ulcer of stomach and duodenum Other diseases of stomach (cancer excepted) Diarrhea and enteritis Appendicitis and typhlitis Hernia and intestinal obstruction Other diseases of intestines Cirrhosis of liver Biliary calculi Other diseases of liver Other diseases of digestive system (cancer and tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—
	4	—	4	—	—	—	—	—	—	—	—	—	—	1	—	1	
	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	
	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa:</i> Nephritis Other diseases of kidneys and annexa Diseases of prostate	2	7	9	—	1	1	—	—	—	—	4	—	4	7	4	11	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Diseases of the Skin and of the Cellular Tissues:</i> Gangrene Other diseases of skin and annexa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Disease of Bones and of the Organs of Locomotion (tuberculosis and rheumatism excepted)</i> <i>External Causes:</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>External Causes:</i> Suicide Accidental traumatism Other external causes	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	—	
	2	—	2	—	—	—	—	—	—	—	—	—	—	2	2	4	
	158	158	316	4	16	20	21	14	35	2	6	8	22	12	34	76	65	141

TABLE 163. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1931, by Citizenship and Sex.*

NATIVITY.	TOTAL.			ALIEN.			NATURALIZED.			CITIZEN BY BIRTH.			OTHERS.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	2	1	3	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—
Australia	5	2	7	1	—	2	2	1	3	—	—	—	—	—	—	2	—	2
Austria	95	68	163	70	47	117	14	8	22	—	—	—	—	1	1	11	12	23
Belgium	4	10	14	3	3	6	241	257	498	—	—	—	—	2	3	141	207	348
Canada ¹	720	936	1,656	336	469	805	1	1	2	—	—	—	—	—	—	—	—	—
Central America	2	2	4	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
China	21	3	24	20	1	21	—	1	1	—	—	—	—	—	—	1	—	1
Czechoslovakia	1	5	6	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	12	9	21	6	4	10	4	5	9	—	—	—	—	—	—	—	—	—
Denmark	12	300	521	95	140	235	81	111	192	—	—	—	—	2	—	45	49	94
England	221	34	255	54	40	94	9	8	17	—	—	—	—	10	6	10	6	16
Finland	73	54	127	58	17	75	8	4	12	—	—	—	—	2	3	25	19	44
France	18	24	42	17	25	42	25	28	53	—	—	—	—	17	4	21	—	—
Germany	89	94	183	39	86	125	22	1	23	—	—	—	—	—	—	—	—	—
Greece	92	26	118	53	21	74	—	—	—	—	—	—	—	—	—	—	—	—
Holland	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	13	9	22	6	5	11	2	2	4	—	—	—	—	5	2	7	—	—
India	3	1	4	—	1	1	3	—	3	—	—	—	—	—	—	—	—	—
Ireland	704	1,272	1,976	290	669	959	277	342	619	—	—	—	—	137	257	394	—	—
Italy	425	257	682	274	175	449	85	43	128	—	—	—	—	66	38	104	—	—
Japan	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Yugo-Slavia	3	—	3	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—
Mexico	1	1	2	1	1	2	7	7	14	—	—	—	—	3	1	4	—	—
Norway	23	14	37	13	6	19	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Poland	289	209	498	241	152	393	43	28	71	—	—	—	—	32	29	61	—	—
Porto-Rico	4	1	5	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	129	67	196	103	54	157	13	5	18	—	—	—	—	13	8	21	—	—
Roumania	11	15	26	6	2	8	5	2	7	—	—	—	—	—	—	—	—	—
Russia	413	310	723	278	202	480	82	49	131	—	—	—	—	53	58	111	—	—
Scotland	63	89	152	25	45	70	29	25	54	—	—	—	—	9	19	28	—	—
South America	6	5	11	4	4	8	1	1	2	—	—	—	—	1	—	—	—	—
Spain	9	1	10	7	1	8	—	—	—	—	—	—	—	2	2	—	—	—
Sweden	119	149	268	69	85	145	43	36	79	—	—	—	—	15	26	41	—	—
Switzerland	6	5	11	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	28	9	37	19	4	23	4	2	6	—	—	—	—	5	3	8	—	—
Turkey in Europe	18	5	23	13	4	17	4	1	5	—	—	—	—	1	—	—	—	—
United States	7,225	6,631	13,856	—	—	—	7,225	6,631	13,856	—	—	—	—	—	—	—	—	—
Wales	9	3	12	4	2	6	4	—	—	—	—	—	—	—	—	—	—	—
West Indies ²	27	22	49	21	15	36	5	4	9	—	—	—	—	1	1	3	—	—
Other Countries ³	181	101	282	117	74	191	33	17	50	—	—	—	—	30	10	40	—	—
Unknown	42	35	77	—	—	—	—	—	—	—	—	—	—	42	35	77	—	—
Total	11,112	10,730	21,842	2,158	2,300	4,458	1,048	995	2,043	7,225	6,631	13,856	4	12	16	677	792	1,469

¹Includes Newfoundland.²Except Cuba and Porto Rico.³Includes Europe and Asia, not specified; also born at sea.

TABLE 164. — *Country of Birth of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex.*

COUNTRY OF BIRTH.	TOTAL.		TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	2	1	—	3	—	—	—	—	—	—	—	—
Australia	5	2	—	7	—	—	—	—	—	—	—	—
Austria	95	68	1	163	—	1	—	—	—	—	—	—
Belgium	4	6	—	10	—	—	—	—	—	—	—	—
Canada	720	936	—	1,656	—	—	—	—	—	—	—	—
Central America	21	2	—	4	—	4	—	—	—	—	—	—
China	—	—	—	21	—	—	—	—	—	—	—	—
Czechoslovakia	1	3	—	4	—	—	—	—	—	—	—	—
Cuba	1	5	—	6	—	—	—	—	—	—	—	—
Denmark	12	9	—	21	—	—	—	—	—	—	—	—
England	221	300	2	521	1	3	—	—	—	—	—	—
Finland	73	54	—	127	—	—	—	—	—	—	—	—
France	18	24	—	42	—	—	—	—	—	—	—	—
Germany	89	94	—	183	—	—	—	—	—	—	—	—
Greece	92	26	1	118	1	—	—	—	—	—	—	—
Holland	2	—	—	2	—	—	—	—	—	—	—	—
Hungary	13	9	—	22	—	—	—	—	—	—	—	—
India	3	1	—	4	—	—	—	—	—	—	—	—
Ireland	704	1,272	6	1,976	1	7	—	—	—	—	—	—
Italy	425	257	4	682	4	4	—	—	—	—	—	—
Japan	1	—	—	3	—	—	—	—	—	—	—	—
Jugo-Slavia	3	—	—	1	—	—	—	—	—	—	—	—
Mexico	1	—	—	2	—	—	—	—	—	—	—	—
Norway	23	14	—	37	—	—	—	—	—	—	—	—
Philippine Islands	2	—	—	2	—	—	—	—	—	—	—	—
Poland	289	209	2	498	2	2	—	—	—	—	—	—
Porto Rico	4	1	—	5	—	—	—	—	—	—	—	—
Portugal	129	67	—	196	—	—	—	—	—	—	—	—
Roumania	11	4	—	15	—	—	—	—	—	—	—	—
Russia	413	310	—	723	—	—	—	—	—	—	—	—
Scotland	63	89	—	152	—	—	—	—	—	—	—	—
South America	6	5	—	11	—	—	—	—	—	—	—	—
Spain	9	10	—	19	—	—	—	—	—	—	—	—
Sweden	119	149	2	268	—	—	—	—	—	—	—	—
Switzerland	6	5	—	11	—	—	—	—	—	—	—	—
Turkey in Asia	28	9	—	37	—	—	—	—	—	—	—	—

[illegible]

Includes Newfoundland.

²²Except Cuba and Porto Rico.

³Includes Europe and Asia, not specified, also born at sea.

Turkey in Europe																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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¹Includes Newfoundland.

²²Except Cuba and Porto Rico.

³Includes Europe and Asia, not specified; also born at sea.

TABLE 155. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1931,
by Psychoses and Sex.

PSYCHOSES.	TOTAL.			UNDER 19 YEARS.						20-29 YEARS.					
				AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	48	6	54	1	1	2	—	—	—	6	—	6	3	1	4
Senile	199	455	654	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	446	432	878	1	1	2	—	—	—	1	—	1	1	—	1
General paralysis	466	127	593	2	1	3	—	—	—	17	7	24	9	1	10
With cerebral syphilis	69	32	101	—	—	—	—	—	—	5	3	8	1	1	2
With Huntington's chorea	10	15	25	—	—	—	—	—	—	1	3	4	—	3	3
With brain tumor	1	2	3	1	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	139	86	225	27	10	37	14	8	22	25	17	42	30	12	42
Alcoholic	1,066	197	1,263	1	1	2	—	—	—	35	5	40	16	1	17
Due to drugs and other exogenous toxins	—	12	23	—	—	—	—	—	—	—	1	1	—	—	—
With pellagra	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	58	94	152	—	6	6	—	5	5	6	8	14	4	7	11
Manic-depressive	674	1,090	1,764	13	23	36	6	13	19	82	127	209	55	82	137
Involution melancholia	125	292	417	—	—	—	—	—	—	—	—	—	1	—	1
Dementia praecox	5,590	5,614	11,204	208	137	345	56	29	85	1,826	1,102	2,928	607	390	997
Paranoia or paranoid conditions	189	373	562	—	—	—	—	—	—	10	8	18	3	3	6
Epileptic psychoses	529	567	1,096	112	117	229	32	42	74	132	150	282	99	87	186
Psychoneuroses and neuroses	45	72	117	2	4	6	1	2	3	6	14	20	7	13	20
With psychopathic personality	101	87	188	9	5	14	6	4	10	21	20	41	8	12	20
With mental deficiency	827	763	1,590	89	74	163	21	15	36	266	194	460	134	107	241
Undiagnosed psychoses	25	9	34	—	—	—	—	—	—	3	3	6	3	3	6
Without psychoses:															
No associated condition	23	13	36	3	—	3	3	—	3	2	2	4	2	2	4
Epilepsy	25	53	78	9	27	36	8	15	23	10	14	24	9	7	16
Alcoholism	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	19	3	22	3	—	3	3	—	—	4	1	5	3	1	4
Mental deficiency	101	64	165	15	9	24	—	—	—	29	22	51	13	11	24
Other conditions	8	4	12	1	—	1	1	—	1	2	2	2	2	—	2
Epilepsy with mental deficiency	311	271	582	227	172	399	162	131	293	49	51	100	67	51	118
Hysteria with mental deficiency	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	11,112	10,730	21,842	724	587	1,311	316	266	582	2,538	1,751	4,289	1,077	795	1,872

TABLE 165. — *Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex. — Continued.*

PSYCHOSES.	30-39 YEARS.						40-49 YEARS.						50-59 YEARS.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	10	1	11	9	—	9	14	2	16	10	3	13	9	2	11	11	1	12
Senile	—	—	—	—	—	—	1	3	4	—	2	2	15	38	53	5	14	19
With cerebral arteriosclerosis	—	1	1	—	1	—	10	16	26	5	9	14	75	86	161	55	57	112
General paralysis	146	43	189	98	20	127	178	39	217	184	42	226	92	30	122	113	32	145
With cerebral syphilis	21	6	27	17	3	20	17	9	26	17	5	22	19	12	31	23	11	34
With Huntington's chorea	2	—	2	2	—	—	4	1	5	4	—	4	1	1	2	2	2	4
With brain tumor	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
With other brain or nervous diseases	22	21	43	20	18	38	30	19	49	27	19	46	21	15	36	27	20	47
Alcoholic	236	33	269	82	10	92	378	67	445	226	24	250	287	59	346	303	68	371
Due to drugs and other exogenous toxins	4	3	7	1	3	4	3	4	7	3	3	6	3	3	6	6	4	10
With pellagra	1	—	1	—	—	—	1	1	2	2	2	2	—	—	2	—	2	2
With other somatic diseases	16	25	41	15	18	33	15	20	35	11	21	32	10	21	31	15	24	39
Manic-depressive	143	251	394	107	164	271	166	311	477	144	249	393	160	243	403	163	268	431
Involution melancholia	3	13	16	2	8	10	24	103	127	11	50	61	58	138	196	56	124	180
Dementia praecox	2,169	1,822	3,991	1,621	1,065	2,686	999	1,518	2,517	1,553	1,439	2,992	322	817	1,139	1,065	1,405	2,470
Paranoia or paranoid conditions	39	41	80	21	22	43	60	121	181	44	71	115	54	136	190	55	120	175
Epileptic psychoses	128	129	257	135	124	259	89	93	182	115	136	251	44	49	93	85	86	171
Psychoneuroses and neuroses	18	23	41	15	14	29	12	14	26	11	19	30	6	11	17	8	14	22
With psychopathic personality	38	21	59	35	20	55	17	15	32	15	17	32	13	16	29	22	14	36
With mental deficiency	225	229	454	204	191	395	152	159	311	222	203	425	73	83	156	148	141	289
Undiagnosed psychoses	10	2	12	9	2	11	4	3	7	5	3	8	5	—	5	4	—	4
Without psychoses:																		
No associated condition	5	5	10	5	—	5	7	3	10	7	1	8	4	4	8	4	6	10
Epilepsy	5	6	11	6	12	18	—	2	2	1	10	11	1	1	2	1	5	6
Alcoholism	2	1	3	2	1	3	2	—	2	2	—	—	1	—	1	—	—	1
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	9	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	23	15	38	28	18	46	18	12	30	24	18	42	11	6	17	21	10	31
Other conditions	2	1	3	2	1	3	2	3	5	2	3	5	—	—	—	—	—	—
Epilepsy with mental deficiency	12	34	46	37	51	88	12	10	22	24	25	49	9	3	12	12	10	22
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	3,289	2,721	6,010	2,482	1,776	4,258	2,216	2,551	4,767	2,671	2,375	5,046	1,293	1,778	3,071	2,205	2,440	4,645

TABLE 165. — Age at Admission and Present Age of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1931,
by Psychoses and Sex. — Concluded.

PSYCHOSES.	60-69 YEARS.						70-79 YEARS.						80-89 YEARS.						90 YEARS AND OVER.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	7	—	7	12	1	13	1	—	1	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Senile	77	156	233	50	108	158	83	188	271	103	214	317	—	—	—	38	108	146	—	5	5	3	9	12
With cerebral arteriosclerosis	172	149	321	150	144	291	145	132	277	179	161	340	—	—	—	51	53	104	—	2	2	4	7	11
General paralysis	29	6	35	54	17	71	2	1	3	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	5	4	9	9	10	19	2	—	2	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	13	3	16	17	6	23	1	1	2	3	3	6	—	—	—	1	—	1	—	—	—	—	—	—
Alcoholic	112	27	139	312	64	376	17	5	22	119	26	145	—	—	—	8	4	12	—	—	—	—	—	—
Due to drugs and other exogenous toxins	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	5	15	20	3	2	5	6	4	10	—	—	—	2	—	2	—	—	—	—	—	—
With other somatic diseases	99	114	213	138	215	353	10	19	29	53	79	132	—	—	—	2	8	20	—	—	—	—	—	—
Manic-depressive	37	37	74	42	81	123	3	1	23	11	28	39	—	—	—	2	1	3	—	—	—	—	—	—
Involution melancholia	64	195	259	511	899	1,410	2	21	23	158	334	492	—	—	—	2	19	47	—	—	—	—	—	—
Dementia praecox	22	56	78	43	101	144	4	10	14	22	48	70	—	—	—	1	1	8	—	—	—	—	—	—
Paranoia or paranoid conditions	23	26	49	48	71	119	1	3	4	13	17	30	—	—	—	2	2	4	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	3	6	7	13	10	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	1	9	12	3	12	25	—	1	1	2	8	10	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	19	22	41	71	81	152	3	2	5	24	20	44	—	—	—	3	5	8	—	—	—	—	—	—
Undiagnosed psychoses	3	1	4	3	1	4	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:																								
No associated condition	2	2	4	1	2	3	—	2	2	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	2	—	2	1	—	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Mental deficiency	3	—	3	9	6	15	2	—	2	4	—	4	—	—	—	2	—	2	—	—	—	—	—	—
Other conditions	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy with mental deficiency	1	1	1	5	2	7	1	1	2	3	1	4	—	—	—	—	—	—	—	—	—	—	1	—
Hysteria with mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	704	828	1,532	1,501	1,850	3,351	280	391	671	715	954	1,669	68	116	184	137	252	389	—	7	7	8	22	30

TABLE 166. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1931, by Hospital and Sex.*

STATE HOSPITALS.		TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	895	1,232	2,127	—	1	1	11	9	20	36	25	61	65	62	127	72	75	147
Boston Psychopathic	.	41	36	77	3	2	5	5	4	9	58	30	88	3	2	5	4	9	13
Danvers	.	978	1,075	2,053	3	4	7	23	7	30	58	30	88	74	59	133	95	73	168
Foxborough	.	468	577	1,045	—	1	1	5	8	13	17	24	41	33	32	65	44	56	100
Gardner	.	733	497	1,230	—	—	—	—	1	1	12	10	22	27	7	34	47	24	71
Grafton	.	612	768	1,380	—	—	—	2	1	3	8	9	17	19	18	37	29	40	69
Methuen	.	780	1,004	1,784	1	1	2	3	1	4	14	12	26	33	27	60	39	39	78
Metropolitan	.	546	586	1,132	—	—	—	3	1	3	19	18	37	49	27	76	60	44	104
Northampton	.	734	873	1,607	—	1	1	17	14	3	45	34	79	57	46	103	67	68	135
Taunton	.	747	774	1,521	1	—	1	11	7	18	29	20	49	32	44	76	59	50	109
Westborough	.	547	805	1,352	—	2	2	6	4	10	24	26	50	34	28	62	35	51	86
Worcester	.	1,033	1,133	2,166	4	5	9	15	12	27	41	31	72	63	40	103	73	95	168
Monson.	.	630	710	1,340	106	95	201	92	84	176	66	60	126	87	69	156	63	85	148
McLean	.	86	126	212	—	—	—	1	1	2	3	5	18	4	3	7	5	9	14
Bridgewater	.	938	—	938	—	—	—	4	—	4	19	—	16	59	—	59	72	—	72
Tewksbury	.	160	534	694	—	—	—	1	1	1	3	12	15	4	9	13	5	24	29
U. S. Veterans' No. 107	.	632	—	632	—	—	—	—	—	—	—	—	—	17	—	17	163	—	163
U. S. Veterans' No. 95	.	552	—	552	—	—	—	—	—	—	—	—	—	20	—	20	142	—	142
Total	.	11,112	10,730	21,842	118	112	230	198	154	352	397	322	719	680	473	1,153	1,074	742	1,816

TABLE 166. — *Present Age of All Patients in Residence in State Hospitals on September 30, 1931, by Hospital and Sex.* — Continued.

STATE HOSPITALS.	35-39 YEARS.		40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Boston State	80	107	87	127	96	131	92	136	102	153	91	113
Boston Psychopathic	6	2	6	1	3	4	7	1	5	3	3	2
Danvers	105	126	100	124	114	117	95	115	95	126	73	88
Foxborough	44	81	58	66	65	57	59	64	31	56	44	47
Gardner	82	46	94	70	126	90	115	78	100	64	49	37
Grafton	61	62	70	157	87	77	183	95	63	107	66	94
Medfield	55	85	83	92	103	119	117	101	88	143	84	126
Metropolitan	67	84	88	94	91	101	78	102	67	83	18	23
Northampton	58	89	82	174	72	93	95	101	60	92	61	78
Taunton	53	66	80	89	98	83	90	80	73	75	148	76
Westborough	36	64	48	68	66	82	62	92	55	88	56	89
Worcester	90	101	117	141	134	121	112	119	108	127	82	105
Monson	50	69	49	60	35	63	33	41	16	28	44	13
McLean	9	5	8	16	1	9	12	20	8	10	10	17
Bridgewater	115	—	111	—	122	67	131	—	95	—	85	—
Tewksbury	110	47	18	51	20	—	24	64	16	76	16	66
U. S. Veterans' No. 107	259	—	151	151	20	—	11	—	4	—	6	—
U. S. Veterans' No. 95	228	—	129	—	22	—	6	—	4	—	1	—
Total	1,408	1,034	1,396	1,161	1,275	1,214	1,215	1,209	990	1,231	834	983
				2,557				2,424		2,221		1,817

TABLE 167. — *Average Present Age of Patients in Residence September 30, 1931, by Age at Admission and Sex.*

	AGE AT ADMISSION									
	TOTAL.						AVERAGE PRESENT AGE.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 15 years	246	223	469	18.5	18.7	18.6				
15-19 years	478	364	842	26.2	26.8	26.4				
20-24 years	1,045	705	1,750	33.5	31.6	32.7				
25-29 years	1,493	1,046	2,539	38.2	37.7	38.0				
30-34 years	1,712	1,280	2,992	42.2	42.8	42.4				
35-39 years	1,577	1,441	3,018	46.4	47.3	46.8				
40-44 years	1,234	1,338	2,572	50.3	51.7	51.0				
45-49 years	982	1,213	2,195	54.8	56.1	55.5				
50-54 years	731	1,057	1,788	58.3	59.6	59.1				
55-59 years	562	721	1,283	62.2	63.2	62.8				
60-64 years	420	482	902	66.7	67.7	67.3				
65-69 years	284	346	630	70.7	71.6	71.2				
70-74 years	179	252	431	74.3	75.6	75.1				
75-79 years	101	139	240	79.0	79.3	79.2				
80-84 years	53	86	139	83.4	83.9	83.7				
85-89 years	15	30	45	89.3	88.4	88.7				
90 years and over	—	7	7	—	93.0	93.0				
Total	11,112	10,730	21,842	46.5	50.0	48.2				

TABLE 168. — *Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-2 MONTHS.			3-6 MONTHS.			7-11 MONTHS.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	48	6	54	3	—	3	—	16	26	3	—	12	43	6	—	6
Senile.	199	455	654	24	28	52	—	31	38	69	61	43	104	13	44	57
With cerebral arteriosclerosis	446	432	878	21	3	24	—	6	—	23	11	34	39	69	58	127
General paralysis	466	127	593	21	3	24	—	6	—	23	11	34	39	46	5	51
With cerebral syphilis	69	32	101	6	—	6	—	—	—	1	2	3	7	6	1	7
With Huntington's chorea	10	5	15	—	—	—	—	—	—	—	—	—	—	—	1	1
With brain tumor	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	139	86	225	8	1	9	—	7	5	12	14	8	22	7	4	11
Alcoholic	1,066	197	1,263	42	4	46	—	30	2	32	47	9	56	72	7	79
Due to drugs and other exogenous toxins	11	12	23	3	1	4	—	1	2	3	2	2	4	—	1	1
With pellagra	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	58	94	152	3	4	7	—	6	12	18	5	12	17	8	6	14
Manic-depressive	674	1,090	1,764	28	28	56	—	36	53	89	66	92	158	70	84	154
Involution melancholia	135	292	427	8	9	17	—	3	10	13	17	23	40	15	18	33
Dementia praecox	5,590	5,614	11,204	126	81	207	—	116	92	208	247	372	619	417	331	748
Paranoia or paranoid conditions	189	373	562	6	11	17	—	7	15	22	17	34	51	18	16	34
Epileptic psychoses	529	567	1,096	8	9	17	—	6	10	16	10	22	32	19	13	32
Psychoneuroses and neuroses	45	72	117	5	6	11	—	7	3	10	4	7	11	5	5	10
With psychopathic personality	101	87	188	4	5	9	—	3	4	7	4	4	8	8	7	15
With mental deficiency	827	763	1,590	39	19	58	—	14	16	30	42	59	101	68	57	125
Undiagnosed psychoses	25	9	34	6	2	8	—	1	1	1	5	3	8	1	1	2
Without psychoses	492	411	903	30	22	52	—	20	18	38	32	22	54	38	19	57
Diagnosis deferred	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—
Total	11,112	10,730	21,842	380	250	630	—	333	325	658	633	765	1,398	886	678	1,564

TABLE 168. — Duration of Present Hospital Admission of ALL Cases in Residence in Hospitals for Mental Diseases on September 30, 1931,
by Psychoses and Sex. — Continued.

	1 YEAR.		2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	9	—	4	—	2	1	—	1	6	2
Senile	39	61	19	63	29	49	8	34	35	74
With cerebral arteriosclerosis	74	80	49	40	29	39	26	21	58	66
General paralysis	92	22	67	12	45	12	35	10	73	23
With cerebral syphilis	12	5	4	2	7	2	6	1	15	8
With Huntington's chorea	2	2	4	—	2	1	—	—	1	1
With brain tumor	1	—	—	1	—	—	—	—	—	—
With other brain or nervous diseases	20	17	16	8	11	13	14	5	31	15
Alcoholic	88	15	84	13	68	13	43	7	180	36
Due to drugs and other exogenous toxins	—	1	—	1	1	—	—	—	2	1
With pellagra	1	—	—	—	—	—	—	—	1	3
With other somatic diseases	8	16	5	7	4	8	4	4	9	19
Manic-depressive	96	116	63	94	52	96	28	54	120	210
Involuntary melancholia	21	36	15	20	4	26	7	13	23	56
Dementia praecox	416	314	275	272	310	252	233	274	1,150	1,141
Paranoia or paranoid conditions	20	38	11	29	16	28	8	22	41	83
Epileptic psychoses	40	34	42	25	37	41	26	27	144	123
Psychoneuroses and neuroses	6	9	4	6	3	7	4	14	4	10
With psychopathic personality	10	8	4	8	5	10	9	7	34	26
With mental deficiency	64	68	49	58	36	44	41	28	165	143
Undiagnosed psychoses	11	2	1	—	—	—	—	—	1	—
Without psychoses	58	56	26	33	28	31	33	18	114	87
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—
Total	1,088	900	742	701	689	669	525	540	2,213	2,127
										4,340

PSYCHOSES.

TABLE 139. — Duration of Present Hospital Admission of ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex.

	TOTAL.		LESS THAN 1 MONTH.		1-2 MONTHS.		3-6 MONTHS.		7-11 MONTHS.		1 YEAR.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	21	5	26	1	—	1	—	—	—	3	3	3
Senile	164	358	522	6	14	20	11	28	39	9	36	45
With cerebral arteriosclerosis	332	334	666	19	24	43	34	33	67	47	46	98
General paralysis	206	73	279	6	2	8	14	6	20	10	5	26
With cerebral syphilis	30	16	46	4	—	4	—	1	1	1	4	4
With Huntington's chorea	7	3	10	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	57	45	102	3	1	4	3	2	5	6	3	6
Alcoholic	493	67	560	17	1	18	11	2	13	23	2	18
Due to drugs and other exogenous toxins	4	5	9	2	1	3	1	1	2	1	—	—
With pellagra	2	2	4	—	—	—	—	—	—	—	—	—
With other somatic diseases	34	54	88	3	4	7	5	8	13	5	3	5
Manic-depressive	170	309	479	4	7	11	15	17	32	15	19	31
Involution melancholia	75	159	234	4	3	7	2	8	10	11	6	11
Dementia praecox	1,709	1,578	3,287	21	20	41	58	32	90	66	73	139
Paranoia or paranoid conditions	67	137	204	2	5	7	3	11	14	5	9	14
Epileptic psychoses	189	226	415	3	6	9	4	7	11	3	11	7
Psychoneuroses and neuroses	18	24	42	4	2	6	2	2	4	2	2	2
With psychopathic personality	36	33	69	1	—	1	2	1	3	—	—	—
With mental deficiency	288	249	537	5	8	13	8	8	16	9	8	17
Undiagnosed psychoses	6	5	11	3	2	5	—	—	—	1	1	2
Without psychoses	275	244	519	20	12	32	12	12	24	18	13	38
Diagnosis deferred	—	1	1	—	1	1	—	—	—	—	—	—
Total	4,183	3,928	8,111	128	113	241	187	178	365	242	229	471
										222	201	423

TABLE 169. — *Duration of Present Hospital Admission of ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex. — Continued.*

	2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PSYCHOSES.												
Traumatic	2	—	2	3	—	1	3	2	5	—	—	—
Senile	19	53	23	36	6	27	29	53	6	24	2	2
With cerebral arteriosclerosis	38	33	20	27	15	14	41	50	9	8	1	1
General paralysis	33	6	11	6	17	18	30	11	10	5	2	4
With cerebral syphilis	3	—	2	1	1	—	8	6	2	2	—	—
With Huntington's chorea	2	—	1	1	—	—	1	—	1	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	9	4	4	7	3	4	16	4	3	1	3	2
Alcoholic	57	4	30	2	29	4	82	15	45	10	57	8
Due to drugs and other exogenous toxins	—	1	—	—	—	—	—	1	—	—	—	1
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	7	3	4	2	1	4	11	2	4	—	—
Manic-depressive	20	21	18	33	8	16	26	66	14	30	8	22
Involution melancholia	12	15	3	11	2	6	12	38	6	17	2	8
Dementia praecox	80	97	86	87	86	103	349	360	241	239	217	163
Paranoia or paranoid conditions	5	9	15	12	5	12	20	29	4	11	3	10
Epileptic psychoses	21	14	17	12	7	14	47	35	42	46	10	21
Psychoneuroses and neuroses	2	3	5	2	3	4	—	—	1	1	—	—
With psychopathic personality	1	2	3	5	3	4	11	11	3	2	3	1
With mental deficiency	18	25	11	16	7	24	63	49	42	36	31	17
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	13	23	19	12	13	12	67	53	17	25	20	25
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	338	317	257	268	218	235	810	799	456	462	359	289
	655	525	453	1,609	918	648						

TABLE 170. — *Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-2 MONTHS.			3-6 MONTHS.			7-11 MONTHS.			1 YEAR.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	27	1	28	2	—	2	—	—	3	3	—	3	3	—	3	—	7	—	7
Senile	35	97	132	4	2	6	—	—	4	4	—	8	12	—	4	—	2	12	14
With cerebral arteriosclerosis	114	98	212	5	4	9	—	3	8	12	—	9	23	—	17	—	18	17	35
General paralysis	260	54	314	15	1	16	—	7	9	5	—	14	5	—	24	—	45	8	53
With cerebral syphilis	39	16	55	2	—	2	—	1	1	2	—	1	6	—	2	—	7	3	10
With Huntington's chorea	3	2	5	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
With brain tumor	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	82	41	123	5	—	5	—	4	3	7	—	8	13	—	4	—	16	5	21
Alcoholic	573	130	703	25	3	28	—	19	24	7	—	31	61	—	54	—	53	7	60
Due to drugs and other exogenous toxins	7	7	14	1	—	1	—	1	1	2	—	2	3	—	—	—	1	1	1
With pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	24	40	64	—	—	—	—	—	—	7	—	7	7	—	6	—	3	9	12
Manic-depressive	504	781	1,285	24	21	45	—	21	36	57	—	51	76	—	58	—	79	82	161
Involution melancholia	50	133	183	4	6	10	—	1	2	3	—	7	12	—	9	—	7	14	21
Dementia praecox	3,881	4,036	7,917	105	61	166	—	58	60	118	—	181	299	—	369	—	313	192	505
Paranoia or paranoid conditions	122	236	358	4	6	10	—	4	4	8	—	12	25	—	14	—	13	25	38
Epileptic psychoses	340	341	681	5	3	8	—	2	3	5	—	7	11	—	12	—	24	16	40
Psychoneuroses and neuroses	27	48	75	1	4	5	—	3	2	5	—	2	5	—	5	—	3	8	10
With psychopathic personality	64	54	119	3	1	4	—	1	3	4	—	2	4	—	8	—	15	9	15
With mental deficiency	539	514	1,053	34	11	45	—	6	8	14	—	33	51	—	61	—	35	37	72
Undiagnosed psychoses	19	4	23	—	—	—	—	1	1	1	—	4	2	—	1	—	2	9	2
Without psychoses	217	167	384	10	10	20	—	8	6	14	—	14	9	—	13	—	24	28	52
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	6,929	6,802	13,731	252	137	389	—	146	147	293	—	391	536	—	664	—	669	468	1,137

TABLE 170. — Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex. — Continued.

PSYCHOSES.	2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.			10-14 YEARS.			
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
Traumatic	2	—	2	—	6	13	19	—	—	2	7	9	3	—	3	—
Senile	—	10	10	—	9	12	21	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	11	7	18	—	34	6	40	—	—	11	7	18	6	7	4	11
General paralysis	34	6	40	—	34	6	40	—	—	17	4	21	17	6	5	11
With cerebral syphilis	1	2	3	—	5	1	6	—	—	5	1	6	12	4	13	6
With Huntington's chorea	2	—	2	—	1	—	—	—	—	—	—	—	2	2	9	17
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—
With other brain or nervous diseases	7	4	11	—	7	6	13	—	—	11	1	12	15	11	—	—
Alcoholic	27	9	36	—	38	11	49	—	—	14	3	17	98	21	119	9
Due to drugs and other exogenous toxins	—	—	—	—	1	—	1	—	—	—	—	—	2	2	2	101
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	—	2	—	1	4	5	—	—	2	3	5	5	8	1	3
Manic-depressive	43	73	116	—	34	63	97	—	—	20	38	58	94	144	238	78
Involution melancholia	3	14	17	—	15	16	—	—	—	5	7	12	11	18	29	21
Dementia praecox	195	175	370	—	224	165	389	—	—	147	171	318	807	781	1,586	748
Paranoia or paranoid conditions	6	20	26	—	11	21	32	—	—	3	10	13	21	54	75	32
Epileptic psychoses	21	11	32	—	20	29	49	—	—	19	13	32	97	88	185	47
Psychoneuroses and neuroses	2	3	5	—	3	5	8	—	—	1	10	11	4	7	11	3
With psychopathic personality	3	6	9	—	3	3	6	—	—	6	3	9	23	15	38	5
With mental deficiency	31	33	64	—	25	28	53	—	—	24	21	45	102	94	196	4
Undiagnosed psychoses	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—
Without psychoses	13	10	23	—	9	19	28	—	—	20	6	26	47	34	81	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	404	384	788	432	401	833	307	305	612	1,403	1,328	2,731	877	1,087	1,964	1,964

TABLE 170. — *Duration of Present Hospital Admission of ALL READMITTED CASES in Residence in Hospitals for Mental Diseases on September 30, 1931, by Psychoses and Sex. — Concluded.*

	15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																		
Traumatic	3	1	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	5	5	—	1	1	—	2	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	6	—	6	—	1	1	—	—	—	1	1	2	—	—	—	—	—	—
With cerebral syphilis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	69	25	94	42	12	54	16	3	19	6	—	6	4	—	4	5	—	5
Due to drugs and other exogenous toxins	2	—	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
With other somatic diseases	20	49	69	14	29	43	4	11	15	4	9	13	3	6	9	1	1	2
Manic-depressive	—	11	11	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Involution melancholia	358	497	855	252	257	509	182	197	379	88	90	178	45	43	88	19	13	32
Dementia praecox	8	11	19	5	6	11	4	7	11	—	1	1	2	—	2	—	—	—
Paranoia or paranoid conditions	38	61	99	27	26	53	6	10	16	2	3	5	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	1	1	2	1	3	1	1	2	—	—	—	—	—	—	1	—	1
With psychopathic personality	48	60	108	18	24	42	18	13	31	7	6	13	8	4	12	5	2	7
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	17	10	27	13	7	20	3	2	5	1	—	1	1	—	1	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	570	734	1,304	374	374	748	237	244	481	109	111	220	63	53	116	31	16	47

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1931, by Sex.*

COUNTY AND CITY OR TOWN.	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable.</i>							
Barnstable	17	17	34	Gosnold	1	—	1
Bourne	6	5	11	Oak Bluffs	5	6	11
Brewster	1	1	2	Tisbury	1	2	3
Chatham	10	4	14				
Dennis	7	6	13	Total	11	11	22
Eastham	—	1	1				
Falmouth	5	13	18	<i>Essex.</i>			
Harwich	4	9	13	Amesbury	26	27	53
Mashpee	2	1	3	Andover	23	31	54
Orleans	5	—	5	Beverly	47	51	98
Provincetown	3	4	7	Boxford	4	1	5
Sandwich	3	1	4	Danvers	28	27	55
Truro	—	1	1	Essex	3	4	7
Wellfleet	—	3	3	Georgetown	15	12	27
Yarmouth	2	2	4	Gloucester	72	67	139
				Groveland	6	5	11
Total	65	68	133	Hamilton	3	7	10
<i>Berkshire.</i>				Haverhill	134	108	242
Adams	38	38	76	Ipswich	9	18	27
Becket	—	1	1	Lawrence	269	228	497
Cheshire	6	3	9	Lynn	296	260	556
Clarksburg	2	2	4	Lynnfield	2	2	4
Dalton	10	13	23	Manchester	2	5	7
Egremont	—	2	2	Marblehead	16	20	36
Florida	1	—	1	Merrimac	5	4	9
Great Barrington	5	16	21	Methuen	27	31	58
Hancock	1	1	2	Middleton	2	33	35
Hinsdale	3	—	3	Nahant	4	6	10
Lanesborough	2	2	4	Newbury	4	7	11
Lee	17	9	26	Newburyport	58	36	94
Lenox	10	12	22	North Andover	11	11	22
Monterey	2	1	3	Peabody	73	40	113
Mount Washington	1	—	1	Rockport	7	14	21
New Marlborough	2	3	5	Rowley	4	1	5
North Adams	67	64	131	Salem	142	120	262
Otis	—	2	3	Salisbury	3	2	5
Peru	—	1	1	Saugus	29	27	56
Pittsfield	116	113	229	Swampscott	10	9	19
Richmond	1	—	1	Topsfield	1	4	5
Sandisfield	3	2	5	Wenham	3	2	5
Savoy	1	3	4	West Newbury	2	2	4
Sheffield	6	5	11				
Stockbridge	5	7	12	Total	1,340	1,222	2,562
Tyringham	2	4	6				
Washington	—	—	—	<i>Franklin.</i>			
West Stockbridge	2	4	6	Ashfield	1	6	7
Williamstown	7	16	23	Bernardston	2	—	2
Windsor	3	1	4	Buckland	10	2	12
				Charlemont	4	3	7
Total	314	325	639	Colrain	2	2	4
<i>Bristol.</i>				Conway	4	4	8
Acushnet	7	2	9	Deerfield	12	9	21
Attleboro	77	59	136	Gill	1	—	1
Berkley	1	2	3	Greenfield	40	20	60
Dartmouth	12	9	21	Hawley	—	2	2
Dighton	4	6	10	Heath	2	—	2
Easton	10	11	21	Leverett	1	—	1
Fairhaven	20	23	43	Leydon	4	1	5
Fall River	292	333	625	Montague	24	22	46
Freetown	3	1	4	New Salem	1	2	3
Mansfield	17	11	28	Northfield	4	7	11
New Bedford	276	253	529	Orange	12	20	32
North Attleborough	24	22	46	Rowe	2	—	2
Norton	6	8	14	Shelbourne	7	10	17
Raynham	4	2	6	Shutesbury	—	1	1
Rehoboth	5	1	6	Sunderland	2	2	4
Seekonk	7	11	18	Wendell	3	1	4
Somerset	6	10	16	Whately	3	2	5
Swansea	7	2	9				
Taunton	98	105	203	Total	141	116	257
Westport	7	6	13				
				<i>Hampden.</i>			
Total	883	877	1,760	Agawam	11	9	20
<i>Dukes.</i>				Blanford	1	2	3
Chilmark	1	1	2	Brimfield	4	1	5
Edgartown	2	2	4	Chester	5	7	12
Gay Head	1	—	1	Chicopee	111	91	202
				East Longmeadow	2	4	6
				Granville	4	—	4
				Hampden	3	4	7
				Holyoke	192	195	387

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1931, by Sex.* — Continued.

COUNTY AND CITY OR TOWN.	M.	F.	T.	COUNTY AND CITY OR TOWN.	M.	F.	T.
Longmeadow . . .	4	10	14	Shirley . . .	7	1	8
Ludlow . . .	11	11	22	Somerville . . .	199	238	437
Monson . . .	11	11	22	Stoneham . . .	12	20	32
Montgomery . . .	1	—	1	Stow . . .	1	—	1
Palmer . . .	32	23	55	Sudbury . . .	2	1	3
Russell . . .	3	2	5	Tewksbury . . .	15	20	35
Southwick . . .	1	5	6	Townsend . . .	3	3	9
Springfield . . .	395	438	833	Tyngsborough . . .	7	3	6
Tolland . . .	1	—	1	Wakefield . . .	23	33	56
Wales . . .	3	2	5	Waltham . . .	90	137	227
Westfield . . .	53	59	112	Watertown . . .	44	62	106
West Springfield . . .	19	28	47	Wayland . . .	2	8	10
Wilbraham . . .	4	6	10	Westford . . .	5	6	11
				Weston . . .	4	4	8
Total . . .	871	908	1,779	Wilmington . . .	5	8	13
<i>Hampshire.</i>				Winchester . . .	15	20	35
Amherst . . .	14	21	35	Woburn . . .	51	48	99
Belchertown . . .	7	8	15				
Chesterfield . . .	4	—	4	Total . . .	2,014	2,255	4,269
Cummington . . .	3	2	5	<i>Nantucket.</i>			
Easthampton . . .	35	42	77	Nantucket . . .	6	7	13
Enfield . . .	2	—	2				
Goshen . . .	1	1	2	Total . . .	6	7	13
Granby . . .	3	1	4	<i>Norfolk.</i>			
Greenwich . . .	2	—	2	Avon . . .	5	7	12
Hadley . . .	16	5	21	Bellingham . . .	6	2	8
Hatfield . . .	7	4	12	Braintree . . .	22	33	55
Huntington . . .	1	4	5	Brookline . . .	79	112	191
Middlefield . . .	1	5	6	Canton . . .	11	16	37
Northampton . . .	84	81	165	Cohasset . . .	6	6	12
Pelham . . .	2	2	4	Dedham . . .	34	34	68
Plainfield . . .	2	—	2	Dover . . .	3	—	3
Prescott . . .	—	1	1	Foxborough . . .	28	12	40
Southampton . . .	2	7	9	Franklin . . .	17	24	41
South Hadley . . .	20	21	41	Holbrook . . .	4	8	12
Ware . . .	25	22	47	Hyde Park . . .	15	26	41
Westhampton . . .	—	2	2	Medfield . . .	2	9	11
Williamsburg . . .	4	8	12	Medway . . .	9	11	20
Worthington . . .	—	1	1	Millis . . .	5	3	8
				Milton . . .	22	31	53
Total . . .	235	239	474	Needham . . .	19	23	42
<i>Middlesex.</i>				Norfolk . . .	1	8	9
Acton . . .	7	8	15	Norwood . . .	26	24	50
Arlington . . .	54	70	124	Plainville . . .	5	1	6
Ashby . . .	2	2	4	Quincy . . .	113	136	249
Ashland . . .	5	7	12	Randolph . . .	25	15	40
Ayer . . .	7	11	18	Sharon . . .	5	5	10
Bedford . . .	4	5	9	Stoughton . . .	19	21	40
Belmont . . .	35	48	83	Walpole . . .	20	15	35
Billerica . . .	9	6	15	Wellesley . . .	16	17	33
Boxborough . . .	1	—	1	Westwood . . .	2	5	7
Burlington . . .	1	—	1	Weymouth . . .	35	37	72
Cambridge . . .	387	358	745	Wrentham . . .	11	20	31
Carlisle . . .	2	—	2				
Chelmsford . . .	16	15	31	Total . . .	565	661	1,226
Concord . . .	17	16	33	<i>Plymouth.</i>			
Dracut . . .	13	18	31	Abington . . .	9	13	22
Dunstable . . .	1	—	1	Bridgewater . . .	44	29	73
Everett . . .	92	84	176	Brockton . . .	219	152	371
Frammingham . . .	55	58	113	Carver . . .	8	2	10
Groton . . .	3	6	9	Duxbury . . .	2	6	8
Holliston . . .	5	11	16	East Bridgewater . . .	4	5	9
Hopkinton . . .	7	7	14	Halifax . . .	1	3	4
Hudson . . .	15	17	32	Hanover . . .	9	7	16
Lexington . . .	17	10	27	Hanson . . .	5	5	10
Lincoln . . .	3	1	4	Hingham . . .	18	18	36
Littleton . . .	4	6	10	Hull . . .	4	4	8
Lowell . . .	301	323	624	Kingston . . .	4	2	6
Malden . . .	129	166	295	Lakeville . . .	1	—	1
Marlborough . . .	40	44	84	Marion . . .	3	5	8
Maynard . . .	30	11	41	Marshfield . . .	7	2	9
Medford . . .	87	98	185	Mattapoisett . . .	5	5	10
Melrose . . .	29	49	78	Middleborough . . .	22	21	43
Natick . . .	25	36	61	Norwell . . .	2	4	6
Newton . . .	97	125	222	Pembroke . . .	7	2	9
North Reading . . .	4	5	9	Plymouth . . .	41	34	75
Pepperell . . .	7	4	11	Plympton . . .	—	2	2
Reading . . .	17	14	31	Rochester . . .	2	2	4
Sherborn . . .	1	5	6	Rockland . . .	23	30	53

TABLE 171. — *City or Town and County of Residence of All Cases on the Books of State Hospitals for Mental Diseases on September 30, 1931, by Sex. — Concluded.*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Scituate . . .	4	6	10	Milford . . .	33	4	37
Wareham . . .	16	8	24	Millbury . . .	19	9	28
West Bridgewater . .	3	1	4	Millville . . .	6	5	11
Whitman . . .	18	15	33	New Braintree . . .	—	2	2
Total . . .	481	383	864	Northborough . . .	7	10	17
<i>Suffolk.</i>				Northbridge . . .	19	17	36
Boston . . .	2,930	3,207	6,137	North Brookfield . .	12	5	17
Chelsea . . .	118	102	220	Oakham . . .	3	1	4
Revere . . .	63	57	120	Oxford . . .	8	7	15
Winthrop . . .	29	36	65	Paxton . . .	3	1	4
Total . . .	3,140	3,402	6,542	Petersham . . .	1	4	5
<i>Worcester.</i>				Phillipston . . .	2	1	3
Ashburnham . . .	5	11	16	Royalston . . .	1	5	6
Athol . . .	17	25	42	Rutland . . .	6	3	9
Auburn . . .	3	11	14	Shrewsbury . . .	11	10	21
Barre . . .	6	5	11	Southborough . . .	8	5	13
Berlin . . .	2	2	4	Southbridge . . .	34	26	60
Blackstone . . .	17	13	30	Spencer . . .	20	15	35
Bolton . . .	3	6	9	Sterling . . .	1	3	4
Boylston . . .	1	3	4	Sturbridge . . .	1	3	4
Brookfield . . .	8	6	14	Sutton . . .	8	5	13
Charlton . . .	8	6	14	Templeton . . .	24	23	47
Clinton . . .	29	44	73	Upton . . .	1	1	2
Dana . . .	3	5	8	Uxbridge . . .	16	12	28
Douglas . . .	9	3	12	Warren . . .	6	10	16
Dudley . . .	6	8	14	Webster . . .	37	19	56
East Brookfield . . .	3	1	4	Westborough . . .	14	17	31
Fitchburg . . .	130	106	236	West Boylston . . .	5	3	8
Gardner . . .	47	60	107	West Brookfield . .	1	3	4
Grafton . . .	8	11	19	Westminster . . .	3	5	8
Hardwick . . .	10	6	16	Winchendon . . .	15	10	25
Harvard . . .	4	3	7	Worcester . . .	610	564	1,174
Holden . . .	7	6	13	Total . . .	1,324	1,235	2,559
Hopedale . . .	4	7	11	Non-residents . . .	560	93	653
Hubbardston . . .	3	4	7	Unknown . . .	188	6	194
Lancaster . . .	3	9	12	Total . . .	748	99	847
Leicester . . .	8	14	22	Grand Total . . .	12,138	11,808	23,946
Leominster . . .	41	47	88				
Lunenburg . . .	4	2	6				
Mendon . . .	—	3	3				

TABLE 172. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year ended September 30, 1931.*¹

	ALL STATE SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1930	2,229	2,328	4,557	464	595	1,059	1,099	699	1,798	666	1,034	1,700
<i>Cases Admitted during Year.</i>												
Regular Commitment Cases admitted during year:												
First Admissions	85	134	219	48	79	127	27	15	42	10	40	50
Readmissions	8	12	20	2	8	10	2	1	3	4	3	7
Total Admissions	93	146	239	50	87	137	29	16	45	14	43	57
Voluntary Admission Cases admitted during year:												
First Admissions	108	98	206	31	28	59	29	9	38	48	61	109
Readmissions	9	4	13	5	1	6	2	3	5	2	—	2
Total Admissions	117	102	219	36	29	65	31	12	43	50	61	111
Observation Admission Cases admitted during year:												
First Admissions	1	—	1	—	—	—	—	—	—	1	—	1
Readmissions	—	2	2	—	—	—	—	—	—	—	2	2
Total Admissions	1	2	3	—	—	—	—	—	—	1	2	3
Total cases admitted by transfer during year	1	15	16	1	15	16	—	—	—	—	—	—
Total cases admitted during year	212	265	477	87	131	218	60	28	88	65	106	171
Total cases under treatment during year	2,441	2,593	5,034	551	726	1,277	1,159	727	1,886	731	1,140	1,871
<i>Cases Discharged during Year.</i>												
Regular Commitment Cases discharged during year:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	37	27	64	5	4	9	19	8	27	13	15	28
As not improved (excluding transfers)	18	17	35	—	5	5	16	7	23	2	5	7
As not mentally defective	—	—	—	—	—	—	—	—	—	—	—	—
Died	4	8	12	1	3	4	2	2	4	1	3	4
Total Discharges	59	52	111	6	12	18	37	17	54	16	23	39

Daily average number of patients on visit during year .	104.87	61.11	165.98	15.30	14.43	29.73	58	22	80	31.57	24.68	56.25
Number of patients on parole September 30, 1930 .	57	161	218	11	30	41	19	32	52	27	99	126
Number of patients on parole September 30, 1931 .	58	145	203	13	34	47	22	30	52	23	81	104
Daily average number of patients on parole during year .	73.73	129.46	203.19	31.57	10.43	42.00	20	32	52	22.16	87.03	109.19
Number of patients on escape September 30, 1930 .	52	17	69	23	2	25	9	2	11	20	13	33
Number of patients on escape September 30, 1931 .	58	35	93	30	3	33	6	4	10	22	28	50
Daily average number of patients on escape during year .	52.06	28.93	80.99	26.43	2.75	29.18	6	3	9	19.63	23.18	42.81
Support of patient population (exclusive of patients on escape, parole, or visit):												
Supported by State .	2,033	2,187	4,220	476	648	1,124	969	614	1,583	588	925	1,513
Re-imbursement and Private .	102	90	192	17	17	34	48	42	90	37	31	68
Number of patients not mentally defective (I. Q. .75 and over) actually in schools September 30, 1930:												
Insane .	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic .	—	—	—	—	—	—	—	—	—	—	—	—
Others .	61	66	127	15	28	43	21	8	29	25	30	55
Total .	61	66	127	15	28	43	21	8	29	25	30	55
Number of patients not mentally defective (I. Q. .75 and over) actually in schools, September 30, 1931:												
Insane .	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic .	—	—	—	—	—	—	—	—	—	—	—	—
Others .	68	81	149	26	38	64	18	11	29	24	32	56
Total .	68	81	149	26	38	64	18	11	29	24	32	56

¹In this and all following tables for forms of admission included under regular commitment, voluntary and observation, see page 188 of text.

TABLE 173. — *Ages of First Admissions to State Schools, 1931, by Nativity, Percentage, and Sex.*¹

AGE GROUPS.	NATIVE BORN.																								FOREIGN BORN.						NATIVITY UNKNOWN.					
	TOTAL.												PARENTAGE.																							
	AGGREGATE.						Total.						NATIVE.						FOREIGN.						MIXED.						UNKNOWN.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
15	15	30	15	15	30	9	9	18	1	2	3	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
5-9 years	83	65	148	81	63	144	33	31	64	17	17	34	26	15	41	5	—	—	—	—	—	—	—	—	—	—	—	—	—							
10-14 years	53	63	116	51	61	112	20	24	44	15	18	33	15	19	34	1	—	—	—	—	—	—	—	—	—	—	—	—	—							
15-19 years	37	53	90	36	52	88	6	17	23	16	17	33	14	17	31	—	1	1	—	—	—	—	—	—	—	—	—	—	—							
20-24 years	5	12	17	4	11	15	1	4	5	3	5	8	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
25-29 years	—	10	10	—	10	10	—	5	—	—	1	1	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
30-34 years	1	7	8	1	6	7	1	2	3	—	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—							
35-39 years	—	3	3	—	3	3	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
40-44 years	—	3	3	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
50 yrs. and over	—	1	1	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
Total	194	232	426	188	224	412	70	93	163	52	65	117	60	62	122	6	4	10	4	7	11	2	1	3	12.5	22.5	15.8	17.0	13.5							
Average Age	10.9	14.3	12.7	10.9	14.1	12.6	9.8	12.8	11.5	12.8	15.1	14.1	10.7	13.7	12.2	8.3	32.5	18.0	13.5	18.9	17.0	12.5	22.5	15.8	17.0	13.5	18.9	17.0	12.5							

¹Unless otherwise stated, this and the following tables include all mental classifications: Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 or over.

TABLE 174. — *Ages of All First Admissions to State Schools, 1931, by Mental Status and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	15	15	30	3	3	6	5	6	11	6	6	12	1	—	1
5-9 years	83	65	148	15	11	26	13	23	36	44	26	70	11	5	16
10-14 years	53	63	116	7	4	11	10	9	19	32	42	74	4	8	12
15-19 years	37	53	90	1	1	2	11	9	20	24	41	65	1	2	3
20-24 years	5	12	17	1	—	1	2	1	3	1	11	12	1	—	1
25-29 years	—	10	10	—	—	—	—	4	4	—	6	6	—	—	—
30-34 years	1	7	8	—	1	1	1	—	1	—	6	6	—	—	—
35-39 years	—	3	3	—	—	—	—	2	2	—	1	1	—	—	—
40-44 years	—	3	3	—	—	—	—	1	1	—	2	2	—	—	—
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50 years and over	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Total	194	232	426	27	20	47	42	55	97	107	142	249	18	15	33

TABLE 175. — *Environment of First Admissions to State Schools, 1931, by Mental Status and Sex.*

MENTAL STATUS.	TOTAL — ALL SCHOOLS.											
	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	27	20	47	26	20	46	1	—	1	—	—	—
Imbecile	42	55	97	39	54	93	3	1	4	—	—	—
Moron	107	142	249	96	130	226	11	12	23	—	—	—
Not Mentally Defective	18	15	33	18	14	32	—	1	1	—	—	—
Total	194	232	426	179	218	397	15	14	29	—	—	—

TABLE 176. — *Economic Condition of First Admissions to State Schools, 1931, by Mental Status, and Sex.*

ECONOMIC CONDITION.	MENTAL STATUS — ALL SCHOOLS.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	69	111	180	7	3	10	5	12	17	48	87	135	9	9	18
Marginal	120	109	229	20	14	34	33	38	71	58	52	110	9	5	14
Comfortable	5	12	17	—	3	3	4	5	9	1	3	4	—	1	1
Total	194	232	426	27	20	47	42	55	97	107	142	249	18	15	33

TABLE 177. — *Ages of Readmissions to State Schools, 1931, by School and Sex.*¹

AGE GROUPS.	TOTAL ALL SCHOOLS.			BELCHERTOWN.			W. E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	3	—	3	2	—	2	1	—	1	—	—	—
10-14 years	3	4	7	—	2	2	1	1	2	2	1	3
15-19 years	5	4	9	2	2	4	—	1	1	3	1	4
20-24 years	1	3	4	1	2	3	—	—	—	—	1	1
25-29 years	2	3	5	—	2	2	1	1	2	1	—	1
30-34 years	1	2	3	1	1	2	—	1	1	—	—	—
35-39 years	—	—	—	—	—	—	—	—	—	—	—	—
40-44 years	—	—	—	—	—	—	—	—	—	—	—	—
45 years and over	1	—	1	—	—	—	1	—	1	—	—	—
Total	16	16	32	6	9	15	4	4	8	6	3	9
Average in years	19.0	20.9	20.0	17.5	21.3	19.8	23.7	22.5	23.1	17.5	17.5	17.5

¹Includes previous admissions to Schools for Mentally Defective only. Includes mentally defective readmissions only (I. Q. .74 or less.)

TABLE 178. — *Ages of All Readmissions to State Schools, 1931, by Mental Status and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	3	—	3	1	—	1	—	—	—	2	—	2	—	—	—
10-14 years	4	4	8	—	1	1	1	1	2	2	2	4	1	—	1
15-19 years	5	5	10	1	1	2	2	1	3	2	2	4	—	1	1
20-24 years	1	4	5	1	—	1	—	2	2	1	1	—	—	—	—
25-29 years	2	3	5	—	1	1	—	1	1	2	1	3	—	—	—
30-34 years	1	2	3	—	—	—	1	1	2	—	1	1	—	—	—
35-39 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40-44 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 years and over	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Total	17	18	35	3	3	6	5	6	11	8	7	15	1	2	3

TABLE 179. — *Ages of All Patients Discharged from State Schools, 1931, by Mental Status and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	6	1	7	1	1	2	2	—	2	1	—	1	2	—	2
10-14 years	14	11	25	3	5	8	3	1	4	8	4	12	—	1	1
15-19 years	27	15	42	3	1	4	8	8	16	15	4	19	1	2	3
20-24 years	31	14	45	2	1	3	8	2	10	18	7	25	3	4	7
25-29 years	9	12	21	1	—	1	5	3	8	2	6	8	1	3	4
30-34 years	3	9	12	—	—	—	1	2	3	2	6	8	—	1	1
35-39 years	1	4	5	1	—	1	—	1	1	—	3	3	—	—	—
40-44 years	2	1	3	1	—	1	1	1	2	—	—	—	—	—	—
45-49 years	2	2	4	—	—	—	1	1	2	1	—	1	—	1	1
50 years and over	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—
Total	97	69	166	12	8	20	30	19	49	48	30	78	7	12	19

TABLE 180. — *Total Number of Times Out on Visit during THIS Admission of All Patients Discharged from State Schools, 1931, by School and Sex.*

STATE SCHOOLS.	NUMBER OF TIMES OUT ON VISIT.											
	TOTAL DISCHARGED.			NONE.			ONE.			TWO.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	8	14	22	—	5	5	1	3	4	3	1	4
Walter E. Fernald . .	56	23	79	11	7	18	6	6	12	5	3	8
Wrentham . . .	33	32	65	3	7	10	10	8	18	5	5	10
Total . . .	97	69	166	14	19	33	17	17	34	13	9	22

STATE SCHOOLS.	NUMBER OF TIMES OUT ON VISIT.											
	FIVE.			SIX.			SEVEN.			EIGHT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	—	—	—	—	1	1	—	2	2	1	1	2
Walter E. Fernald . .	4	1	5	3	2	5	2	1	3	2	1	3
Wrentham . . .	3	3	6	2	1	3	2	3	5	—	1	1
Total . . .	7	4	11	5	4	9	4	6	10	3	3	6

TABLE 181. — *Average Time on Books and Time Spent Out of All Patients Discharged from State Schools, 1931, by School and Sex.*

STATE SCHOOLS.	Average Time on Books.			Average Time Spent Out.			Average Net Time in Years within Institutions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	4.62	4.50	4.54	1.15	1.12	1.13	3.47	3.38	3.41
Walter E. Fernald . .	9.63	6.89	8.83	1.43	.87	1.27	8.20	6.02	7.56
Wrentham . . .	5.65	9.88	7.74	1.87	2.64	2.25	3.81	7.24	5.49
Total . . .	7.86	7.79	7.84	1.55	1.74	1.63	6.31	6.05	6.21

TABLE 183. — Causes of Death of All Patients Who Died in State Schools, 1931, by Mental Status and Sex.

CAUSES OF DEATH.	TOTAL — ALL SCHOOLS.											
	TOTAL.		Idiot.		IMBECILE.		MORON.		NOT MENTALLY DEFECTIVE.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>All Causes.</i>												
<i>Epidemic, Endemic and Infectious Diseases:</i>												
Scarlet fever	—	1	1	—	1	1	—	—	—	—	—	—
Tuberculosis of respiratory system	4	5	9	3	2	5	—	—	—	—	—	—
Syphilis	—	1	1	—	—	—	—	—	—	—	—	—
<i>Diseases of Nervous System and other Organs of Special Sense:</i>												
Diseases of spinal cord	1	—	1	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	1	1	2	—	—	—	—	—	—	—	—	—
Epilepsy	—	1	1	—	1	1	—	—	—	—	—	—
<i>Diseases of the Circulatory System:</i>												
Diseases of the heart	—	1	1	—	—	—	—	1	1	—	—	—
Arteriosclerosis	1	—	1	—	—	—	—	1	1	—	—	—
Endocarditis and myocarditis	—	1	1	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System:</i>												
Bronchopneumonia	2	5	7	2	3	5	—	—	—	—	1	1
Lobar pneumonia	4	1	5	2	—	2	2	1	3	—	—	—
Asthma	1	—	1	—	—	—	—	—	—	1	—	—
<i>Diseases of the Digestive System:</i>												
Ulcer of the stomach	—	1	1	—	—	—	—	—	1	1	—	—
Other diseases of the liver	—	1	1	—	—	—	—	—	1	1	—	—
<i>Non-Veneral Diseases of the Genito-Urinary System and Annexa:</i>												
Chronic nephritis	2	—	2	1	—	1	—	—	1	—	—	—
<i>External Causes:</i>												
Accidental traumatism	1	—	1	1	—	1	—	—	—	—	—	—
Other external causes	1	—	1	1	—	1	—	—	—	—	—	—
Total — All Causes	18	19	37	10	7	17	6	10	16	2	1	3

TABLE 185. — Admission Ages of All Patients Resident in State Schools for the Mentally Defective on September 30, 1931,
by Nativity, Parentage and Sex.¹

AGE GROUPS.	AGGREGATE.						NATIVE BORN.										FOREIGN BORN.			NATIVITY UNKNOWN					
	TOTAL.			PARENTAGE.																					
				NATIVE.		FOREIGN.		MIXED.			UNKNOWN.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
Under 5 years . . .	117	74	191	116	74	190	50	38	88	26	19	45	37	17	54	3	—	3	—	7	21	—	1	—	1
5-9 years . . .	759	451	1,210	736	439	1,175	306	166	472	209	151	360	197	113	310	24	9	33	14	7	28	52	9	5	14
10-14 years . . .	709	636	1,345	675	606	1,281	265	219	484	197	189	386	177	171	348	36	27	63	24	28	52	10	2	12	8
15-19 years . . .	337	532	869	318	503	821	115	179	294	91	130	221	91	150	241	21	44	65	13	27	40	6	2	8	2
20-24 years . . .	98	268	366	95	245	340	41	85	126	26	53	79	22	75	97	6	32	38	3	22	25	—	1	1	1
25-29 years . . .	50	130	180	46	116	162	16	44	60	9	31	40	20	32	52	1	9	10	4	12	16	—	2	2	2
30-34 years . . .	23	91	114	20	78	98	11	35	46	3	20	23	5	17	22	1	6	7	3	12	15	—	1	1	1
35-39 years . . .	21	53	74	19	42	61	13	19	32	3	6	9	3	12	15	—	5	5	2	10	12	—	1	1	1
40-44 years . . .	10	22	32	10	17	27	5	11	16	2	2	4	3	3	6	—	1	1	—	5	5	—	—	—	—
45-49 years . . .	7	9	16	7	8	15	1	4	5	2	1	3	3	3	6	—	—	—	—	—	—	—	—	—	—
50-54 years . . .	2	7	9	2	6	7	—	2	2	1	1	2	2	—	3	—	—	—	—	—	—	—	—	—	—
55-59 years . . .	2	4	6	1	3	5	1	2	3	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—
60 years and over . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	2,135	2,277	4,412	2,045	2,137	4,182	824	804	1,628	569	604	1,173	559	596	1,155	93	133	226	64	126	190	26	14	40	40

¹The following tables include all patients, irrespective of mental status.

TABLE 186. — Age at Admission and Duration of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1931, by Sex. — Concluded.

AGE AT ADMISSION.		ALL SCHOOLS.															
		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE.															
		5-9 Years.	* 10-14 Years.			15-19 Years.		20-24 Years.		25-29 Years.		30-34 Years.		35-39 Years.		40 Years Plus.	
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.
30	17	47	22	16	38	8	2	10	4	5	9	1	1	1	1	1	1
222	120	342	81	66	147	73	44	117	34	23	57	20	7	27	6	10	16
224	190	414	66	110	176	53	61	114	37	22	59	23	11	34	17	5	22
102	175	277	26	40	66	18	53	71	25	34	59	13	7	20	10	8	18
47	93	140	7	32	39	3	37	40	6	24	30	1	3	4	3	2	5
26	61	87	4	6	10	3	17	20	2	5	7	1	2	2	2	2	2
9	41	50	3	9	12	2	5	7	1	7	8	1	1	2	2	2	2
13	27	40	2	6	8	1	2	3	1	1	2	1	1	1	1	1	1
6	10	16	1	1	1	1	2	2	1	3	3	1	1	1	1	1	1
4	6	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
684	750	1,434	212	287	499	161	224	385	110	124	234	59	31	90	39	26	65
Total		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	
									

TABLE 187. — *Mental Status of All Cases in Residence in State Schools for the Mentally Defective on September 30, 1931, by School and Sex.*

MENTAL STATUS.	TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.		
Idiot	461	360	821	94	74	168	232	152	384	135	134	269
Imbecile	801	822	1,623	165	206	371	406	250	656	230	366	596
Moron	805	1,011	1,816	208	346	554	361	243	604	236	422	658
Not Mentally Defective	68	84	152	26	39	65	18	11	29	24	34	58
Total	2,135	2,277	4,412	493	665	1,158	1,017	656	1,673	625	956	1,581

TABLE 188. — *Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1931, by School and Sex.*

AGE GROUPS.	TOTAL — ALL SCHOOLS.						BELCHERTOWN.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	117	74	191	20	17	37	9	8	17	6	5	11
5-9 years	759	451	1,210	204	143	347	119	76	195	37	38	75
10-14 years	709	636	1,345	443	265	708	140	163	303	106	93	199
15-19 years	337	532	869	503	455	958	105	188	293	130	151	281
20-24 years	98	268	366	351	433	784	60	85	145	73	137	210
25-29 years	50	130	180	194	305	499	26	60	86	55	82	135
30-34 years	23	91	114	157	226	383	13	36	49	43	61	104
35-39 years	21	53	74	95	175	270	8	23	31	24	42	66
40-44 years	10	22	32	62	126	188	5	11	16	4	25	29
45-49 years	7	9	16	34	55	109	5	6	11	6	14	20
50-54 years	2	7	9	32	36	68	1	5	6	5	6	11
55-59 years	2	4	6	15	20	35	2	4	6	5	5	10
60-64 years	—	—	—	5	15	20	—	—	—	1	4	5
65 years and over	—	—	—	—	6	6	—	—	—	—	2	2
Total	2,135	2,277	4,412	2,135	2,277	4,412	493	665	1,158	493	665	1,158
Average Age	12.6	16.4	14.5	21.4	24.9	23.2	16.0	19.1	17.8	21.0	23.6	22.5

TABLE 188. — Admission Age and Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1931, by School and Sex. — Concluded.

AGE GROUPS.	WALTER E. FERNALD.						WRENTHAM.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	35	20	55	1	—	1	73	46	119	13	12	25
5-9 years	376	154	530	59	20	79	264	221	485	108	85	193
10-14 years	390	176	566	210	70	280	179	297	476	127	102	229
15-19 years	150	135	285	241	118	359	82	209	291	132	186	318
20-24 years	25	82	107	156	108	264	13	191	114	122	188	310
25-29 years	16	39	55	80	71	151	8	31	39	61	152	213
30-34 years	9	30	39	75	64	139	1	25	26	39	101	140
35-39 years	10	12	22	57	65	122	3	18	21	14	68	82
40-44 years	3	5	8	53	59	112	2	6	8	5	42	47
45-49 years	2	2	4	43	33	78	—	—	—	3	8	11
50-54 years	1	1	2	26	23	49	—	1	1	1	7	8
55-59 years	—	—	—	10	12	22	—	—	—	—	3	3
60-64 years	—	—	—	4	9	13	—	—	—	—	2	2
65 years and over	—	—	—	—	4	4	—	—	—	—	—	—
Total	1,017	656	1,673	1,017	656	1,673	625	956	1,581	625	956	1,581
Average Age	12.1	15.9	13.6	23.7	28.6	25.6	10.6	14.8	13.1	18.2	23.3	21.2

TABLE 189. — *Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1931, by Intelligence Quotient and Sex.*

PRESENT AGE.		INTELLIGENCE QUOTIENT.																
		TOTAL.		I. Q. 0-99		I. Q. 10-19		I. Q. 20-29		I. Q. 30-39		I. Q. 40-49						
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Under 5 years	.	20	17	37	—	1	1	4	3	7	3	3	6	2	2	5	2	7
5-9 years	.	204	143	347	11	9	20	37	14	51	24	20	44	19	23	42	19	18
10-14 years	.	443	265	708	21	17	38	48	30	78	55	31	86	34	32	66	53	33
15-19 years	.	503	455	958	23	22	45	51	31	82	46	46	92	36	49	101	74	61
20-24 years	.	351	433	784	16	14	30	32	22	54	31	36	67	56	35	111	73	67
25-29 years	.	194	305	499	13	12	25	25	18	43	23	27	50	30	39	69	50	62
30-34 years	.	157	226	383	8	12	20	19	17	36	25	15	40	27	17	44	33	43
35-39 years	.	95	175	270	2	4	6	11	8	19	16	17	33	20	17	37	33	52
40-44 years	.	62	126	188	1	6	7	8	8	16	11	18	29	19	16	35	12	31
45-49 years	.	54	55	109	2	2	4	7	4	11	14	6	20	15	10	25	10	19
50-54 years	.	32	36	68	1	2	3	4	3	7	6	3	9	8	8	16	9	8
55-59 years	.	15	20	35	—	—	—	2	2	4	2	3	5	5	3	8	3	9
60-64 years	.	5	15	20	—	—	—	—	2	2	1	4	5	—	—	—	—	3
65 years and over	.	—	6	6	—	—	—	—	1	1	—	—	—	—	1	1	—	4
Total .	.	2,135	2,277	4,412	98	101	199	248	163	411	257	229	486	285	277	562	374	412
																	786	

TABLE 189. — *Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1931, by Intelligence Quotient and Sex.* — Concluded.

	INTELLIGENCE QUOTIENT.											
	PRESENT AGE.											
	I. Q. .50-.59		I. Q. .60-.69		I. Q. .70-.79		I. Q. .80-.89		I. Q. .90 and Over.		Average I. Q.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	4	6	3	1	4	—	9	—	—	.44	.37
5-9 years	28	15	43	33	25	58	23	15	38	1	.44	.44
10-14 years	91	43	134	96	57	153	41	21	62	1	.46	.43
15-19 years	123	107	230	96	97	193	36	35	71	2	.45	.47
20-24 years	73	97	170	39	86	125	29	43	72	1	.44	.49
25-29 years	33	76	109	15	47	62	4	18	22	1	.38	.46
30-34 years	25	60	85	11	46	57	1	2	3	1	.39	.47
35-39 years	8	33	41	2	29	31	7	13	20	1	.37	.47
40-44 years	9	27	36	2	16	18	—	4	—	1	.35	.42
45-49 years	3	10	13	3	3	6	—	—	1	—	.33	.41
50-54 years	3	8	11	—	3	3	1	1	—	—	.35	.41
55-59 years	3	1	4	—	1	1	—	—	—	—	.37	.40
60-64 years	1	—	—	3	1	4	—	—	—	—	.55	.33
65 years and over	—	—	—	—	—	—	—	—	—	—	.—	.38
Total	402	481	883	303	412	715	145	162	307	6	.43	.46
							17	35	52	5		

DIRECTORY OF INSTITUTIONS.

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS.

HOSPITALS FOR MENTAL DISEASES.

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—
 Trustees: William Healy, M. D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allen W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.
 Trustees' meeting: Second Thursday of each month.
 Medical Director: C. Macfie Campbell, M.D.
 Chief Executive Officer: Arthur N. Ball, M.D.
 Chief Medical Officer: Karl M. Bowman, M.D.
 Senior Physicians: John H. Powers, M.D.; Paul C. Dozier, M.D.; Harry C. Solomon, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.
 Assistant Physicians: William L. Valens, M.D.; Robert E. Britt, M.D.; Margaret Hatfield, M.D.; Merrill Moore, M.D.; Mary Palmer, M.D.; Charles B. Sullivan, M.D.
 Internes: Burton W. Adams, M.D.; Egerton M. Howard, M.D.
 Dentist: Peter J. Dalton.
 Head Social Worker: Esther C. Cook.
 Head Occupational Therapist: Alice E. Waite.
 Principal of School of Nursing: Mary Fitzgerald.
 Principal Bookkeeper and Treasurer: Elizabeth Libber Shore.
 Staff Meetings: Every day, except Saturday.
 Visiting days: Every day, 2 to 4 P.M., and 6 to 7 P.M.
 Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, Chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park; Leopold M. Goulston, Boston.
 Regular meetings: Third Monday of each month.
 Superintendent: James V. May, M.D.
 Assistant Superintendent: Herbert E. Herrin, M.D.
 Senior Physicians: Mary E. Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Gerald F. Houser, M.D.; 2 vacancies.
 Assistant Physicians: Frederick LeDrew, M.D.; Winthrop B. Osgood, M.D.; Lillian D. Chapman, M.D.; Alberta S. B. Guibord, M.D.; (School Clinic); Sirrka E. Vuornas, M.D.; Joseph Hahn, M.D.; Margaret C. McManamy, M.D.
 Pathologist: Naomi Raskin, M.D.
 Dentist: George S. Rileigh, D.M.D.
 Steward: Arthur E. Gilman.
 Treasurer: Adeline J. Leary.
 Visiting days: 2 to 4 P.M. daily.
 Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, Titicut (New York, New Haven & Hartford).

Supervision of Department of Correction: Dr. A. Warren Stearns, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Louis Finkle, M.D.

Visiting Days: For relatives or friends of patients, every day; For general public, every day with the exception of Sundays and holidays.

Staff Meetings: Daily, at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, Andover; Albion L. Danforth, Winchester.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Assistant Physicians: Salomon Gagnon, M.D.; Henry A. Tadgell, M.D.; Myer Bloom, M.D.; Carol Schwartz, M.D.; Velma Atkinson, M.D.; Doris M. Sidwell, M.D.

Pathologist: Anna M. Allen, M.D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Gladys Leach.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meeting: Daily, 8:00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough secretary; Mrs. Claire H. Gurney, Wollaston; Mrs. Minna R. Mulligan, Natick; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: Cornelia B. J. Schorer, M.D.; Frank O. King, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Hyman J. Weisman, M.D.; Louise R. Gowanloch, M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederic A. Washburn, M.D., Boston, chairman; Mrs. Amie H. Coes, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall,

Fitchburg; Miss Grace Nichols, Boston; Prof. Richard T. Fisher, Weston; Thomas H. Shea, Fitchburg.

Regular meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Henry L. Clow, M.D.

Senior Assistant Physician: Frederick P. Moore, M.D.

Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.;

William A. Hunter, M.D.; Nathan C. Robey, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff Meetings: Daily, 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner railroad station.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877):—

Trustees: Frank B. Hall, Worcester, chairman; Flora M. Cangiano, Hingham, secretary; Ernest L. Anderson, Worcester; Winslow P. Burhoe, Boston; Enos H. Bigelow, M.D., Framingham; Frances Prescott, Grafton; Rose Herbert, Worcester.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: H. L. Horsman, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.;

Max Pearlstein, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 A.M. to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad.

Correspondence relating to patients at the Grafton Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896):—

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M.D., Boston, chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Walter Channing, Dover; Mrs. Eva Watson, Boston.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: Samuel Smith Cottrell, M.D.

Assistant Physicians: George A. Troxell, M.D.; George E. Poor, M.D.; Vincente Navarro, M.D.; William E. McLellan, M.D.; John J. Slattery, M.D.; Erel L. Guidone, M.D.; Grace T. Cragg, M.D.; Marjorie K. Smith, M.D.

Dentist: Elton F. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Staff Meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930):—

Post Office: Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: None.

Superintendent: Clifford D. Moore, M.D., Acting Superintendent.

Assistant Superintendent: Clifford D. Moore, M.D.

Senior Physician: Philip F. Hilton, M.D.

Assistant Physician: Ilse R. Lauber, M.D.

Resident Dentist: Alfred J. Normandin, D.M.D.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff Meetings: Two or three times weekly.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square. Bus service from Waverley Square to hospital.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Henry K. Hyde, Ware; Mrs. Elizabeth Hormel, Roxbury, Secretary; Joseph L. Simons, Salem; Justus G. Hanson, M. D., Northampton.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.; Paul I. Yakovlev, M.D.

Assistant Physician: Lucie G. Forror, M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff Meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield; Mrs. Emily N. Newton, secretary; Wellesley Hills; Miss Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Superintendent: Theodore A. Hoch, M.D.

Assistant Superintendent: Edward W. Whitney, M.D.

Senior Physicians: Albert U. Bourcier, M.D.; Elizabeth Kundert, M.D.; Harriet W. Whitney, M.D.

Assistant Physicians: Rhoda U. Musgrave, M.D.; B. Edwin Zawacki, M.D.; Kendall B. Crossfield, M.D.; Ruth M. Thompson, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven & Hartford railroads). Taxi-cab service from the station. Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Attleboro; Julius Berkowitz, New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Vacancy.

Senior Physicians: H. Sinclair Tait, M.D.; Robert M. Bell, M.D.

Assistant Physicians: Charles E. White, M.D.; Olga E. Steinecke, M.D.; Bernard Yood, M.D.; Abraham Stiffle, M.D.; vacancy.

Dentist: George A. Harris, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff Meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury: railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: Mrs. Nellie E. Talbot, Brookline, secretary; G. Forrest Martin, M.D., Lowell, chairman; Francis W. Anthony, M.D., Haverhill; Dennis D. Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Walter F. Dearborn, M.D. Cambridge; Robert G. Stone, Brookline.

Regular meetings: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; James F. Lawlor, M.D.; Lyman A. Jones, M.D.; Carl Nelson, M.D.; Eugene E. Allen, M.D.; Charles J. Carden, M.D.; Jessie W. Robertson, M.D.; Ralph Heifetz, M.D.; Dorothy Read, M.D.; Justin L. Anderson, M.D.; Hyman J. Weisman, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10:00 A.M. to 4:00 P.M.

Staff Meetings: Daily at 8:00 A.M.

Location: About one-half mile from railroad and from electric cars. Automobile from Infirmary meets most of the trains.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; J. Lowell Bacon, Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physician: Betsy Coffin, M.D.

Assistant Physicians: Emma H. Fay, M.D.; Fred E. Stokey, M.D.; George E. Peatick, M.D.; A. Francis Davis, M.D.; Howard T. Fiedler, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff Meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee, Worcester; Mrs. Anna C. Tatman, Worcester; George D. Morse, Worcester; Mrs. Frank Dresser, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Francis H. Sleeper, M.D.

Clinical Director: Morris Yorshis, M.D.

Assistant Physicians: Clifton T. Perkins, M.D.; Bardwell H. Flower, M.D.; L. Cody Marsh, M.D.; Nathan Baratt, M.D.; Arthur W. Burckel, M.D.; Lonnie O. Farrar, M.D.; Milton H. Erickson, M.D.; Walter E. Barton, M.D.; W. Everett Glass, M.D.

Pathologist: None.

Dentist: John H. Hall, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Jessie M. D. Hamilton.

Visiting days: Tuesdays, Saturdays, Sundays, 9–11 A.M., 1:30 to 4:30 P. M.
Staff Meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes' walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES.**BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922):—**

Post Office and railroad station, Belchertown, Mass. (Boston & Maine and Central Vermont Railroad).

Trustees: Theodore S. Bacon, M.D., Springfield; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I. Donna, Esq., Pittsfield; Edwin C. Gilbert, M.D., Indian Orchard; Mr. James L. Harrop, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: George E. McPherson, M.D.

Senior Physician: Karl V. Quinn, M.D.; Charlotte A. Mitchell, M.D.

Assistant Physicians: John T. Shea, M.D.; R. Bernard Leclair, M.D.; Herbert L. Flynn, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: C. Herbert Camp.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A.M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the centre of the town.

WALTER E. FERNALD STATE SCHOOL at Waltham (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president; Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russel H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Boston; Francis H. Dewey, Worcester; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M.D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily, at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Herbert C. Parsons, Brookline, secretary; Mrs. Mary Steward Scott, Brookline; Miss Katherine D. Hardwick, Quincy; John H. Ratigan, Boston; Judge Philip Rubenstein, Cambridge.

Regular meetings: Second Thursday of every month.

Acting Superintendent: Raymond A. Kinmonth, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; Wilfred J. Cochrane, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street stop, Boston & Providence bus line.

PRIVATE INSTITUTIONS.

FOR THE CARE OF MENTAL AND NERVOUS DISEASES.

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

THE REEVES SANITARIUM, Fred B. Jewett, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester, Salisbury Street electric car from City Hall Square.

MCLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R. R.)

Honorary President: Henry P. Walcott, M.D., Cambridge.

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Edwin S. Webster, Boston; Andrew J. Peters, Esq., Boston.

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Superintendent Emeritus: Frederic H. Packard, M.D.

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Clinical Director: M. Ralph Kaufman, M.D.

Physiological Chemist and Director of Laboratories: John C. Whitehorn, M.D.

Assistant Physician and Pathologist: Ray L. Whitney, M.D.

Assistant Physicians: Wilfred T. MacNicoll, M.D., Lionel M. Ives, M.D., William G. Young, M.D., John B. McKenna, M.D., Margaret R. Anthonisen M.D., Ives Hendrick, M.D.

Psychologists: George E. Gardner, Ph.D., Robert A. Young, Ph.D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.D.S.

Visiting Internist: Wyman Richardson, M.D.

Staff Meetings: Tuesdays and Wednesdays at 11:30 A.M.

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U. S. VETERANS' HOSPITAL No 95, Northampton, Mass. (for beneficiaries of the U. S. Veterans' Administration, suffering from nervous or mental diseases; opened May 12, 1924):—

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.

Director: Colonel George E. Ijams, Washington, D. C.

Medical Director: Charles M. Griffith, M.D.

Medical Officer in Charge: William Marshall Dobson, M.D.

Assistant Medical Officer in Charge and Clinical Director: Parker G. Borden, M.D.

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; Fred E. Steele, Jr., M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Reconstruction Officer: Fred E. Steele, Jr., M.D.

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Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff Meetings: Daily, with the exception of Saturdays and Sundays. Time of meeting: 11:00 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

U. S. VETERANS' HOSPITAL, No. 107, Bedford, Mass. (for beneficiaries of the U. S. Veterans' Administration, suffering from nervous or mental diseases. Opened July 17, 1928):—

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Medical Officer in Charge: Winthrop Adams, M.D.

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Consultant in Roentgenology: John W. Meachen, M.D.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

Staff Meetings: Daily with the exception of Saturday and Sundays.

Time of meetings: 11:00 A.M.

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Quarterly meetings: Third Wednesday of January, April, July, and October.
Superintendent: Harold C. Arey, M.D.

Assistant Physician: Fleta H. Williams, M.D.

Treasurer: Edgar L. Ramsdell, Worcester.

Visiting days: Every day except Sundays.

Location: Hospital Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

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FOR THE CARE OF EPILEPTICS.

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